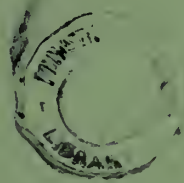


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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

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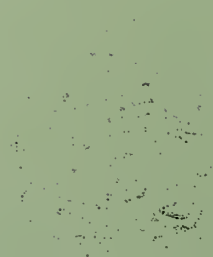
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1960



WITH THE COMPLIMENTS OF THE MEDICAL OFFICER OF HEALTH.

THE NATIONAL



THE NATIONAL

ASSOCIATION OF CREDITORS

INCORPORATED IN THE DISTRICT OF COLUMBIA

WASHINGTON, D. C.

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Committees:	
Health	1
National Health Sub.	1
After Care Sub. (including Mental Health)	1
Health Officers of the Authority	2
Health Services	3
General Introduction	4

SECTION A - STATISTICAL CONDITIONS OF THE AREA

Birth Rate, Death Rate, Etc.	6
Cancer - Incidence of	10
Deaths - Causes of	8
Death Rate - Under One Year of Age	8
General Statistics	5
Infant Mortality	9
Maternal Mortality	8
Livebirths, Deaths and Stillbirths	9

SECTION B - NATIONAL HEALTH SERVICE ACT, 1946

Ambulance Service	26
Ante-Natal	12
Care of Mothers and Young Children	12
Dental Treatment	13
Domestic Help	18
Extra Nourishment	23
Health Visiting	16
Home Nursing	17
Infant Welfare	12
Introduction	11
Laboratory Work	13
Mental Health	24
Midwifery	15
Moral Welfare	14
Post-Natal	12
Prematurity, Stillbirths and Abortions	13
Prevention of Illness, Care and After Care	20
Recuperative Holidays	24
Tuberculosis	21
Vaccination and Immunisation	18
Welfare Foods	14

SECTION C - INFECTIOUS DISEASES

Notifications	29
Venereal Diseases	30

SECTION D - MEDICAL EXAMINATION OF CORPORATION EMPLOYEES 31

SECTION E - NATIONAL ASSISTANCE ACT, 1948

Blind Population and Report	32
Deaf	35
Introduction	32
Physically Handicapped	34
Retrolental Fibroplasia	32

SECTION F - SANITARY CONDITIONS OF THE AREA

Common Lodging Houses	39
Factories Act	40
Housing	38
Introduction	36
Notices Served and Complied With	38
Offensive Trades	39
Outwork	41
Rodent Control	40
Sanitary Inspection of the Area	37
Verminous Premises	39

SECTION G - INSPECTION AND SUPERVISION OF FOOD

Carcases - Inspection and Condemnation	43
Food and Drugs Act Sampling	42
Food Poisoning	43
Food Premises	42
Ice Cream	42
Milk	42
Slaughterhouses	43
Unsound Food, Disposal of	43

SECTION H - PORT HEALTH

Amount of Shipping	44
Deratting and Exemption Certificates	46
Rodent Control	45
Shipping Inspection	46
Staff	44

SECTION J - SCHOOL HEALTH SERVICE

B.C.G. Vaccination	50
Child Guidance	55
Dental Inspection and Treatment	56
Ear, Nose and Throat	55
Education Committee	47
Handicapped Children	51
Infestation with Vermin	53
Introduction	48
Mass Radiography	50
Medical Inspection and Treatment	53
Minor Ailments	56
Orthopaedic and Postural Defects	55
Skin Diseases	55
Speech Therapy	51.55
Vision, Etc.	55

HEALTH COMMITTEE

1959/60

Chairman:

Alderman T. Thomas

Deputy Chairman:

Alderman R. E. H. Moulder
(Deputy Mayor)

Members:

The Mayor (Ex-Officio)
Alderman M. G. Lewis
Alderman F. Harris
Alderman F. Phelps
Councillor Mrs L. R. Langdon
Councillor D. C. Frape
Councillor T. Jones
Councillor E. G. Overbury
Councillor W. May
Councillor F. Davenport
Councillor Mrs V. E. Price
Councillor Mrs F. S. Creese
Councillor B. Gale
Councillor F. L. Dowle

NATIONAL HEALTH SERVICE
SUB-COMMITTEE

The whole of the Members of
the Health Committee with
the addition of the following
co-opted Members:

Mrs. E. M. White
Miss V. M. Dover, S.R.N.
Mr. W. H. Gingell
Mrs K. Heal, S.R.N.
Mrs. H. F. Etheridge
Mr B.S. Saunders, L.D.S., R.C.S.
Dr. G. C. C. Wharton
Dr. A. J. S. James
Mrs E. Eggleton
Mrs E. Phelps
Mrs D. A. Smith (Mayoress)
Mrs V. G. Lawson
Mrs R. Layton
Mrs M. E. Armitage

AFTER CARE SUB-COMMITTEE
(including Mental Health)

Alderman T. Thomas
Alderman R. E. H. Moulder
Alderman F. Harris
Councillor Mrs L. R. Langdon
Councillor Mrs V. E. Price
Councillor Mrs F. S. Creese
Dr. R. Lindsay Walker
Mrs E. Eggleton
Mrs E. Phelps
Mrs D. A. Smith (Mayoress)

1960/61

Chairman:

Alderman R. E. H. Moulder

Deputy Chairman:

Alderman F. Harris

Members:

The Mayor (Ex-Officio)
Alderman M. G. Lewis
(Deputy Mayor)
Alderman T. Thomas
Alderman F. Phelps
Councillor Mrs L. R. Langdon
Councillor D. C. Frape
Councillor W. May
Councillor F. Davenport
Councillor V. S. Waters
Councillor Mrs F. S. Creese
Councillor F. L. Dowle
Councillor F. Jordan
Councillor F. E. King

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Alderman F. Harris
Councillor Mrs L. R. Langdon
Councillor Mrs F. S. Creese
Councillor F. E. King
Mrs E. Eggleton
Dr. R. Lindsay Walker
Mrs E. Phelps
Mrs D. A. Smith

HEALTH OFFICERS OF THE AUTHORITY

CHARLES COOKSON, M.D., D.P.H., Medical Officer of Health, City and Port of Gloucester, Principal School Medical Officer, Medical Officer of Over Hospital.

VALERIE N. BAKER, M.B., Ch.B., D.Obst.R.C.O.G., Senior Assistant Medical Officer of Health, School Medical Officer.

ROBERT E. A. S. HANSEN, B.A., M.B., Ch.B., D.P.H., Assistant Medical Officer of Health, School Medical Officer.

F. J. D. KNIGHTS, M.R.C.P., and R. H. ELLIS, M.R.C.P., Chest Physicians and Mr. H. A. HAMILTON, M.R.C.O.G., and Mr. S.A. BOND, F.R.C.S., M.R.C.O.G., Consultant Obstetricians. Part-time, by arrangement with the South Western Regional Hospital Board.

Drs. H. CAIRNS-TERRY, J. GREENE, Snr., J. GREENE, Jnr., R. B. BARNES, D. C. BRADFORD, W. MURRAY, N. LEWIS, G. C. MATHERS and J. V. ROSE, Medical Officers, Infant Welfare Centres, part-time.

J. P. WILSON, L.D.S., R.C.S., Principal School Dental Officer.

Messrs. R. G. BOODLE, L.D.S., M.J. BARTLETT, L.D.S., J. R. COND, B.D.S. and N. TIBBITTS (from 23rd August, 1960), School Dental Officers, part-time.

L. V. MARTIN, M.B., B.S., F.F.A., R.C.S., D.A., Consultant Anaesthetist (from 24th March, 1960).

E. G. WHITTLE, B.Sc., F.R.I.C., Public Analyst, part-time.

I. DEMBREY, B.Sc., F.R.I.C., Assistant Public Analyst, part-time.

Public Health Inspectors: Messrs. R. I. WILLIAMS (Chief and Port Health Inspector), G. W. ALEXANDER (Senior and Assistant Port Health Inspector),^{*} R. A. OSTLER, R. C. UPHAM, R. E. WORKMAN (left 30th September, 1960), R. BAYLIS and G. J. AINSCOUGH (Assistant); Capt. H. H. BURBRIDGE (Assistant Port Health Inspector, part-time).^{*} E. A. BLUNDELL.

Health Visitors: Miss A. R. TAYLOR (Superintendent Nursing Officer), The Misses E. M. GARRETT, I. HODNETT, C. JONES, M. D. I. LEWIS,^{*} J. MACNAMARA, K. V. SPARKS and E. S. VIDAL, and the Mrs. G. M. ATKINSON, S. McGRATH, B. NUTBOURNE, D. M. SPENCE, J. TANNER, K. FOLEY and I. WATHEN.

(*Ante Natal Clinic Superintendent)

R. B. STEPHENS, B.Sc., M.P.S., Chief Pharmacist and Medical Supplies Officer, Health Centre, 20 Longsmith Street, together with an Assistant, an Assistant in Dispensing, a nurse and three lay staff.

F. L. MAYO, M.P.S., Chief Pharmacist, Health Centre, 11 Barton Street, together with two Assistants in Dispensing.

Miss G. GAPPER and Miss G. M. HOLLOWAY, Home Teachers for the Blind.

Mrs. V. C. GENTLE, L.C.S.T., Speech Therapist (left 17th December, 1960).

E. T. CHINN, Chief Ambulance Officer.

H. J. HARVEY, Chief Clerk and Senior Mental Welfare Officer.

Nine whole-time and three part-time clerks, including two Mental Welfare Officers, and one Assistant Home Help Organiser, one whole-time, one part-time School Health Service clerks, two Dental Attendants, whole-time, and two part-time Assistants, in conjunction with the Education Committee; one Disinfecting Officer and three Rodent Operatives.

HEALTH SERVICES

Health Department, Priory House, Greyfriars
(Telephone 24416-7)

CLINICS AND CENTRES

Ante and Post Natal Clinics

Health Clinic, Brunswick Road
(Telephone 23253)

Nurses' and Doctors' Sessions
by appointment.
Booking Monday, 9.30 a.m.

Relaxation Classes

11 Barton Street

By appointment.

Health Centres

20 Longsmith Street (Telephone 27217)
11 Barton Street (Telephone 22682)

Infant Welfare Centres

Trinity Baptist Church Sunday School,
Selwyn Road
Mission Hall, Sherborne Street
St. Stephen's Church Hall, Linden Road
Community Centre, Matson
St. George's Hall, Lower Tuffley
St. Michael's Hall, Lower Tuffley
Tyndale School, Stratton Road
Church Hall, Coney Hill
Elmscroft Community Centre,
Barnwood Road
11 Barton Street

Tuesday, 2 p.m.
Wednesday, 2 p.m.
Wednesday, 2 p.m.
Wednesday, 2 p.m.
Alternate Thursdays, 2 p.m.
Alternate Thursdays, 2 p.m.
Friday, 2 p.m.
Friday, 2 p.m.
Friday, 2 p.m.
Friday, 2 p.m.

General

Chest Clinic, Gloucestershire Royal
Hospital, Great Western Road

By appointment.

Tuberculosis Immunisation Clinic

By appointment.

Immunisation against Diphtheria,
Whooping Cough, Smallpox and
Poliomyelitis

At all Infant Welfare
Centres, and at School
Clinic, Friday, 2.30 p.m.

SCHOOL HEALTH SERVICE

School Minor Ailment Clinics are held as follows:

Health Clinic, 2 Spa Villas,
Montpellier

Monday and Friday
morning.

Also at the following schools:

Finlay Road, Open Air, Coney Hill, Grange Road, Lower Tuffley
and Archdeacon Street.

School Dental Clinic

Ivy House, Barton Street
(Telephone 20436)

By appointment
(except for emergencies).

Child Guidance and Speech Therapy Clinics

43 Southgate Street
(Telephone 26319)

By appointment.

Medical provision for all other physical disabilities is made in association
with the local hospitals.

AMBULANCE SERVICE

Ambulance Station, Eastern Avenue
(Telephone 25055-6)

Health Department,
Priory House,
Greyfriars,
Gloucester.

To the Mayor, Aldermen and Councillors
of the City of Gloucester.

I have the honour to present my Report for the year 1960.

A short introduction is given at the beginning of each section of the work, in which attention is drawn to the outstanding points.

In this general introduction I shall simply refer to special or new features.

The erection of the new Ambulance Station and also the new Ante-Natal and Infant Welfare Centre began, and all concerned in these two services are looking forward to the advantages that will follow from working in adequate surroundings; most of all we hope the people will benefit for whom those services are run.

Due to the drive of the Assistant Medical Officers of Health, the immunisation procedures which protect against tuberculosis, small pox, diphtheria and anterior poliomyelitis were greater than ever before. In this connection it should be noted that the Ministry of Health increased the number of centres where protection against yellow fever could be given, and Gloucester was approved as one of the additional centres.

Attendances at the local centre for the treatment of Venereal Diseases remain much the same as last year, but it is disturbing to see the increase in female patients. There is unfortunately good reason to think that this is in the teenage group. Whilst the illegitimacy rate is slightly lower than last year, it is still high, and this together with the attendances at Venereal Disease clinics presents a great problem.

In the introduction to the Ambulance Service, reference is made to the rising cost. At present it seems that every journey made by an ambulance or sitting-case car averages nearly £4.

I have included four reports on special subjects from various members of staff. I also include the report of the Chief Public Health Inspector, and take this opportunity of thanking him for his unfailing help and courtesy.

Not only do I wish to acknowledge the excellent co-operation with all other Corporation Departments, but I would also acknowledge that given by Dr. Lloyd, Consultant Geriatrician, and Mr. Mower, Consultant Ear, Nose and Throat Surgeon at the Hospital, and by Dr. Doherty at the Child Guidance Clinic.

I wish to record my gratitude to the Assistant Medical Officers of Health and all other members of staff for their help throughout this year.

May I also thank all members of the City Council, particularly the Chairman and Vice-Chairman of the Health Committee, for their continued support and consideration.

I beg to remain
Your obedient Servant

CHARLES COOKSON

Medical Officer of Health,
Principal School Medical Officer
and Port Medical Officer.

SECTION A STATISTICAL CONDITIONS OF THE AREA

General Statistics - 1960

Area (Estimated)	5347 acres.
Estimated Home Population	68,620.
Area Comparability Factors	Births 0.99. Deaths 1.06.
Number of inhabited houses at end of year according to rate books	19,433.
Rateable Value	£1,061,056.
Sum represented by a Penny Rate (estimated)	£4,550.

The Vital Statistics for 1960 do not vary much from those of last year, but what variations there are are mostly in the right direction.

The total live birth rate is higher at 19.5 than for 13 years; and the general death rate at 10.4 is the lowest for 8 years.

There were no maternal deaths.

The illegitimacy rate and the infantile death rate were both lower than last year, but are still on the high side.

The still-birth rate has increased.

Notifications of tuberculosis were slightly up on last year, but the two deaths were the lowest ever recorded in one year.

Deaths from cancer were about the same, though there was a sharp drop in females and a correspondingly sharp rise in males. In the tables that follow will be seen a summary of all deaths from this cause over the past 25 years. The summary shows that during that time approximately equal numbers of females and males were affected, that more females died under the age of 45 than males, that more males died in the age range 45 - 65, and that more females died in the last age group (over 65). These figures are not strictly comparable as they stand, as they should be corrected to take note of the numbers of females and males alive at the comparable periods. Particularly is this true of the oldest age range (over 65) where females as a whole live longer than males and are therefore more liable to cancer, which is essentially a disease of later life. Even so, the figures are not without interest.

Deaths of infants under one year were 32. These can be divided into three age groups:

- (i) Within the first week of life - 17. These, together with still-births (37), constitute what is now referred to as peri-natal mortality. This term reasonably assumes that there are some factors at work before birth which will not only cause certain babies to be born dead, but will continue to operate and cause death shortly after birth. Many of such births are premature.
- (ii) Within the first month of life, referred to as neo-natal mortality. For statistical purposes these also include the first group, and total 21. Deducting the 17 who died in their first week, there were therefore 4 more who died in the succeeding 3 weeks.
- (iii) Lastly, the infantile mortality group, which includes both the preceding, together with any others who die within the succeeding eleven months. This group totalled 32.

It will thus be seen that of 32 who died within their first year of life, 17 died within one week, and 15 in the remainder of the year.

Examining the causes of death in the 32 infants, 11 were caused by prematurity, 8 by congenital malformations not compatible with normal development, 7 by brain haemorrhages and/or atelectasis of the lungs, and 5 by what may be described as accidents or illnesses associated with an independent existence, but unassociated with development inside the mother or the birth process itself. The last mentioned group of 5 were all over the age of one month.

The matter of peri-natal deaths is being actively investigated at the present time at a National level, for it is here that the greatest loss of potential life occurs.

VITAL STATISTICS

<u>Live Births</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>	
Legitimate	669	584	1,253	Rate per 1,000 of the estimated resident popula- tion: 19.5.
Illegitimate	42	46	88	
TOTAL	711	630	1,341	
<u>Stillbirths</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>	
	15	22	37	Rate per 1,000 (live and still) births: 27.6.
<u>Deaths</u>	387	326	713	Death rate per 1,000 of the estimated resident population: 10.4.
<u>Deaths from Pregnancy, Childbirth and Abortion</u>				Nil.
<u>Death Rate of Infants under One Year of Age:</u>				
All infants per 1,000 live births (total = 32)				23.8.
Legitimate infants per 1,000 legitimate live births (total = 30)				23.9.
Illegitimate infants per 1,000 illegitimate live births (total = 2)				22.7.
<u>Deaths from Measles (all ages), Whooping Cough (all ages) and Gastritis, Enteritis and Diarrhoea (under 2 years of age):</u>				1.

VITAL STATISTICS - 1951-60

Live Births

Year	Legitimate		Illegitimate		Total	Rate per 1,000 of the Estimated Resident Population	
	Male	Female	Male	Female		Gloucester (unadjusted)	England and Wales
1951	553	518	31	35	1,137	16.2	15.5
1952	535	497	22	38	1,092	16.4	15.3
1953	553	504	26	29	1,112	16.7	15.5
1954	577	492	33	31	1,133	16.9	15.2
1955	520	500	23	30	1,073	15.9	15.0
1956	585	518	32	31	1,166	17.3	15.7
1957	524	559	41	31	1,155	17.0	16.1
1958	590	551	28	36	1,205	17.6	16.4
1959	587	576	52	39	1,254	18.4	16.5
1960	669	584	42	46	1,341	19.5	17.1

Stillbirths

Year	Male	Female	Total	Rate per 1,000 total (live and stillbirths)
1951	12	14	26	22.3
1952	15	4	19	17.1
1953	14	23	37	32.2
1954	13	6	19	16.5
1955	5	11	16	14.7
1956	12	14	26	22.3
1957	10	10	20	17.0
1958	16	15	31	25.7
1959	16	11	27	21.0
1960	15	22	37	27.6

Deaths

Year	Male	Female	Total	Death Rate per 1,000 of the Estimated Resident Population	
				Gloucester	England & Wales
1951	443	374	817	11.6	12.5
1952	360	324	684	10.3	11.3
1953	390	343	733	11.0	11.4
1954	378	353	731	10.9	11.3
1955	380	385	765	11.3	11.7
1956	376	354	730	10.8	11.7
1957	413	341	754	11.1	11.5
1958	367	369	736	10.8	11.7
1959	406	378	784	11.5	11.6
1960	387	326	713	10.4	11.5

Maternal Mortality

Year	Deaths	Rate per 1,000 Live and Still Births			
		Puerperal and Post Abortive Sepsis	Other Causes	Total	
				Gloucester (unadjusted)	England and Wales
1951	Nil	Nil	Nil	Nil	0.79
1952	1	Nil	0.90	0.90	0.72
1953	Nil	Nil	Nil	Nil	0.76
1954	1	Nil	0.90	0.90	0.69
1955	Nil	Nil	Nil	Nil	0.64
1956	1	Nil	0.84	0.84	0.56
1957	Nil	Nil	Nil	Nil	0.46
1958	1	Nil	0.83	0.83	0.43
1959	Nil	Nil	Nil	Nil	0.38
1960	Nil	Nil	Nil	Nil	0.39

Number of Deaths and Death-Rate of Infants
under One Year of Age

Year	Number of Deaths			Death-Rate of all Infants per 1,000 Live Births	Death-Rate of Legitimate Infants per 1,000 Legitimate Live Births	Death-Rate of Illegitimate Infants per 1,000 Illegitimate Live Births
	All Infants	Legitimate Infants	Illegi- timate Infants			
1951	41	37	4	36.1	34.5	60.6
1952	26	23	3	23.8	22.2	50.0
1953	38	36	2	34.2	34.0	36.4
1954	23	21	2	20.3	19.6	31.2
1955	20	20	Nil	18.6	19.6	Nil
1956	32	30	2	27.4	27.2	31.7
1957	20	18	2	17.3	16.6	27.7
1958	30	30	Nil	25.3	26.3	Nil
1959	30	27	3	23.9	23.2	33.0
1960	32	30	2	23.8	23.9	22.7

Causes of Death, 1960
(Showing the Three Main Causes)

Disease	Sex	Age Groups					Total
		0-25	25-45	45-65	65-75	75+	
Tuberculosis - All Forms	M	-	-	-	1	1	2
	F	-	-	-	-	-	-
Cancer - All Forms	M	-	1	36	26	24	87
	F	1	3	14	16	17	51
Heart diseases and diseases of the circulation - All Forms	M	-	5	35	36	44	120
	F	-	1	18	24	104	147
All other causes	M	35	17	33	35	58	178
	F	20	4	11	26	67	128
Total Deaths - all causes	M	35	23	104	98	127	387
	F	21	8	43	66	188	326
TOTALS		56	31	147	164	315	713

Infant Mortality

Deaths from stated causes under one year:

Congenital malformations	4
Gastritis, Enteritis and Diarrhoea	1
Disease of Respiratory System	1
Pneumonia	4
Other defined or ill-defined diseases	20
Accidents	2
	<u>32</u>

Details of Neo-Natal Deaths (of children dying within the first four weeks of being born) included in the above Infant Mortality figures are as follows:

Bronchopneumonia	1
Prematurity	10
Congenital malformations	3
Other defined or ill-defined diseases	7
	<u>21</u>

The Neo-Natal Death Rate therefore was 15.7 per 1,000 live births.

Cancer Deaths - 1960

The 138 deaths shown overleaf are divisible under the following main causes, as grouped by the Registrar General:

	Sex		Total
	Male	Female	
Stomach	16	6	22
Lung and Bronchus	31	2	33
Breast	-	16	16
Uterus	-	1	1
Other	37	25	62
Leukaemia	3	1	4
TOTALS	87	51	138

Table Showing Incidence of Cancer, 1936 - 1960

Year	Deaths from Cancer	Percentage of total Deaths Registered	Death Rate per 1,000 Population	Sex	At Ages - Years			
					Under 25	25-45	45-65	65-up
1936	101	13.9	1.73	M	-	2	24	31
				F	-	5	18	21
1937	84	11.1	1.17	M	-	1	14	19
				F	-	3	20	27
1938	85	11.7	1.53	M	-	-	14	23
				F	-	3	16	29
1939	97	12.9	1.67	M	-	4	14	23
				F	-	4	24	28
1940	91	10.0	1.50	M		7	14	22
				F		4	16	28
1941	97	12.0	1.49	M		4	13	31
				F		6	22	21
1942	114	14.8	1.76	M		4	17	27
				F		5	25	36
1943	111	13.0	1.90	M		2	16	29
				F		6	30	28
1944	110	15.4	1.76	M		4	18	27
				F		2	27	32
1945	102	12.9	1.63	M		7	19	28
				F	11		11	26
1946	118	15.4	1.86	M		1	23	33
				F		6	22	33
1947	108	14.4	1.69	M		4	17	29
				F		9	23	26
1948	106	14.5	1.65	M		3	24	30
				F		5	16	28
1949	110	14.3	1.70	M		1	23	27
				F		8	23	28
1950	120	15.6	1.77	M		4	31	27
				F		9	18	31
1951	122	14.9	1.74	M		2	33	36
				F		7	18	26
1952	112	16.4	1.68	M		4	24	36
				F		6	11	31
1953	98	13.4	1.47	M		5	13	27
				F		6	18	29
1954	129	17.6	1.93	M		5	26	33
				F		5	29	31
1955	133	17.3	1.97	M		7	28	30
				F		6	23	39
1956	126	17.3	1.87	M		2	38	27
				F		5	29	25
1957	108	14.4	1.59	M		6	29	24
				F		2	14	33
1958	126	17.1	1.84	M		8	28	27
				F		4	19	40
1959	139	17.7	2.0	M		4	27	32
				F		7	27	42
1960	138	19.3	2.0	M		1	36	50
				F		4	14	33

Deaths from Cancer 1936 - 1960, by age groups

-45		45-65		65+		TOTAL		
M	F	M	F	M	F	M	F	M & F
92	138	563	513	728	751	1,383	1,402	= 2,735

SECTION B

NATIONAL HEALTH SERVICE ACT 1946

The tables that follow this introduction record the work done under powers given by certain sections of the Act.

It is difficult to appraise this work adequately, or note the new developments, as much of it is routine and changes slowly. Nevertheless there is continual change each year and the pattern of the personal health services, like the School Health Services, shifts more and more to the long term preventive aspect.

In the early days of Health Visiting, Domiciliary Nursing and even Midwifery, emphasis was on the right feeding of infants, the cleanliness of children and the detection in both of physical illness or abnormality. Local Health and Education Authorities paid large sums of money to hospitals for the treatment of these defects, and much time was spent on the work. Most mothers and children had no doctor of their own, and often found it difficult to pay for one.

This Act has rendered most of such work unnecessary as everyone has a doctor, and children found at Infant Welfare Centres or School Inspections to have any defect are now referred to him.

There is therefore more time left to undertake longer term preventive work, particularly in two directions, firstly prevention of actual disease and secondly prevention of maladjustment in the family as a whole. This latter is particularly important today because of the added uncertainties of life caused by the complex pattern of employment and the international stresses that have existed since the two World Wars. We, and perhaps most nations, are without a centre of gravity. We have lost belief in ourselves and in any higher power.

Although it is not a function of a Health Department to find a belief in a higher power, it is our function to try to foster a belief in the family as a unit, as a small force which will enable a belief in something bigger to grow out of it.

The immediate attempt is being made through the operation of the Mental Health Act, not only to help families where a member has a mental illness, but also for us to apply a psychological approach to routine visiting. To this end the Health Committee is training a Psychiatric Social Worker who will have as her allies all the Health Visitors and Mental Health Workers, and she will be able to advise them in their work. It is hoped she will have completed her two-year training next year.

In the same connection, the Education Committee are seeking to appoint an Educational Psychologist also next year. Behind and supporting these two new appointments is the Medical Director of the Child Guidance Clinic, Dr. Doherty, who is keenly interested in the widest application of his work, and who is stimulating us all with his enthusiasm. Another view of this tendency is the time spent by Health Visitors in hospital Out-Patient departments, particularly the Children's. There they can not only learn the treatment recommended, and see it followed up at home, but they can give the Consultant first-hand knowledge of home conditions and a decision can be reached how best to treat the family as well as the affected child. We would like to extend this to the Geriatric Out-Patients, but at present we have not the staff to do it.

A great deal more attention is now being paid to the teaching of the expectant mother, and when our new Ante-Natal Clinic is opened (I hope next year) this will be intensified, and the present overcrowded, and often rushed service mothers now get will I am confident be changed to a quieter and more personal one, with material benefit to the mother.

As regards prevention of actual disease as well as the prevention of maladjustments, not only is a much wider range of immunisation procedures undertaken, but a start has been made on bringing the Health Visitors into closer contact with the General Practitioners. Gloucester has always had

a close link with them, if only because all its Infant Welfare Clinics are staffed by them, but the progress has not been fast enough and an endeavour will be made if possible to attach visitors to some of the doctors' surgeries, if that is mutually acceptable.

I have examined the possibility of combining Health Visitors and Domiciliary Nurses, but such is the shortage of both, particularly the former, that it is impossible to carry out. It is hoped that some modified scheme will be possible.

It may be seen from this that the great emphasis placed on the routine weighing and physical examination of children at Infant Welfare Centres and School Medical Inspections is lessening (though a certain amount of these will always be needed for the younger members of each group) and much more attention is being paid to the surroundings in which children live, learn and develop.

Dealing now with the work in the order of the Sections of the Act:

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

The following tables show the work done at the Ante-Natal and Post-Natal Clinics; the laboratory work in association with them; and the figures relating to premature children and the care given in connection with Moral Welfare. I also add a report of Miss Yelloly's on this last named.

In the distribution of Welfare Foods, the demand for National Dried Milk has fallen by 2.3% as against a fall of 7.5% last year. On the other hand the accessory foods have either hardly fallen at all or have increased. The sale of the two proprietary brands (Ribena and Rose Hip Syrup) would appear to be popular without detracting from the sales of the official products.

Ante-Natal and Post-Natal Clinics and Infant Welfare Centres

Ante-Natal and Post-Natal Clinics

Number of sessions held per month	25
Number of new cases during the year	
(not including 415 post-natal)	2,065
Number of attendances at ante-natal clinic	11,840
Number of attendances at post-natal clinic	455
Number of women who attended during the year	
(not including 415 post-natal)	2,705
Number of attendances by midwifery students	643

Infant Welfare Centres

Number of centres provided at end of year	9
Number of sessions now held per month at centres ..	36
Number of children who attended during the year and who were born in:	
1960	950
1959	765
1958 to 1955	490
Total number of children who attended during the year ...	2,205
Number of attendances during the year made by children who at the date of attendance were:	
under 1 year	12,761
1 but under 2 ..	2,133
2 but under 5 ..	1,440
Total attendances during the year	16,334
Number of Doctors' consultations:	
Children under 1 year	4,173
Children over 1 year ..	716
Number of children immunised at centres	1,167
Number of injections given at centres	3,254

The following Ante-Natal figures relate to all cases attending the City Clinics and include all cases for domiciliary confinement in the City, together with all cases booked for the City Maternity Hospital, whether resident in the City or surrounding County:

Haematology (Blood Tests)	7,188
Bacteriology (Catheter specimens, swabs, etc.)	30
Bio Chemistry (Glucose tolerance, blood sugars, etc.)	25
Others	5

Prematurity and Stillbirths

There were 34 premature ($5\frac{1}{2}$ lb. and under) infants born at home. There were 36 stillbirths, of which 21 were under $5\frac{1}{2}$ lb.

Weight at Birth	PREMATURE LIVE BIRTHS						PREMATURE STILLBIRTHS		
	Born at home and nursed entirely at home			Born at home and transferred to Hospital on or before 28th day			Born in Hospital	Born at Home	Born in Nursing Home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3 lb.4ozs. or less	-	-	-	-	-	-	9	3	-
Over 3lb.4ozs. up to and including 4lb.6ozs.	1	-	1	-	-	-	2	1	-
Over 4lb.6ozs. up to and including 4lb. 15ozs.	5	-	5	-	-	-	4	-	-
Over 4lb.15ozs. up to and including 5lb.8ozs.	28	1	27	-	-	-	2	-	-
TOTALS	34	1	33	Nil	Nil	Nil	17	4	-

Dental Treatment of Mothers and Young Children

Numbers provided with Dental Care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	166	120	82	29
Children under five	126	125	124	3

Forms of Dental Treatment Provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatments	Crowns or Inlays	Extractions	General Anaesthetics	Dentures		Radio-graphs
							Full upper or Lower	Partial upper or Lower	
Expectant & Nursing Mothers	-	20	-	-	288	-	26	22	-
Children under 5	-	-	8	-	217	128	-	-	-

Moral Welfare

Report by Miss M. A. Yelloly, M.A.

During the past year there has been a considerable increase in the number of cases referred to the Association - 114, as compared with 89 in the previous year. This increase is largely among the illegitimacy cases, where it has been marked.

In view of the growing concern throughout the country with regard to the young teenage unmarried mother, it is interesting to note that twelve girls were aged 16 or under at the time our help was sought. The youth of these mothers presents many problems, not least if the situation should lead to a hasty and ill-considered marriage. Some of them it is true are mature and capable for their years, but most have not acquired an adult sense of values or responsibility, or the capacity to look to the future and plan for it.

A large part of the Association's work continues to lie in helping and advising in cases of illegitimacy, but assistance is often sought in a variety of family difficulties. This may be advice about a difficult teenage son or daughter, information on how to obtain maintenance when a marriage has broken up, or how to adopt a child; or it may involve enquiries to enable a young West Indian to join his family in the City, or tracing and contacting a missing husband or fiancé in the U.S.A. through an international social work organization. These are all facts of the many-sided work of the Association, which is there as the church's "family service", not to duplicate the work of other social services but to complement them, and work with them in the fullest possible co-operation. We express our warm thanks, once again, to the Medical Officer of Health, and to other officials and social workers in the City, from whom we receive continuing assistance and support.

Summary of Casework

New Referrals (City Cases)

Illegitimacy	...	...	...	...	...	...	61
Family	...	...	...	...	...	...	27
Young People	...	...	...	...	...	...	4
Adopters	...	...	...	...	...	...	3
Others	...	...	...	...	...	...	5

Number of Cases sent to Mother and Baby Homes

Expectant Mothers	...	...	...	...	...	13
Post-Natal Cases	...	...	...	...	...	1

Distribution of Welfare Foods

	1957	1958	1959	1960
National Dried Milk - tins	46,119	41,463	38,344	37,476
Cod Liver Oil - bottles	6,669	4,698	4,429	4,446
A & D Vitamin Tablets - packets	3,820	3,863	4,169	4,510
Orange Juice - bottles	68,539	50,673	51,144	50,693
Ribena - bottles	-	-	5,646	10,680
Rose Hip Syrup (From October only) bottles	-	-	-	1,434

SECTION 23 - MIDWIFERY

May 1960 saw the start of a scheme of transferring certain mothers home two days after having their babies in the Maternity Hospital. The object is two-fold, both to make more accommodation available for ante-natal cases and to let those mothers get back to their families sooner.

The scheme has been operating in Bradford for some time now, and has been a success.

Briefly it consists of this. A Health Visitor calls on every woman booked for the Maternity Hospital to explain the scheme. If the home circumstances are such that a mother can get proper care, and the mother agrees to an early return after the baby's arrival, then her papers are marked accordingly. Subsequently if the labour is normal and the doctors are satisfied, then she is sent home by ambulance and a District Nurse with a midwifery qualification then visits regularly until the 14th day.

This scheme in practice is only applicable to those women who are admitted to hospital because of a possible (but improbable) complication arising during confinement. Those who are admitted for assured medical reasons, or those admitted for social reasons because home conditions are inadequate, are obviously ineligible.

In fact 36 women were transferred home in this way from May to the end of the year.

The scheme could not have operated had this extra work fallen on the Domiciliary Midwives; moreover the pupil midwives cannot help, as for their training they must attend an adequate number of confinements as well as post-natal care.

Number of new cases:

Doctor not booked, present ...	...	...	...	-
Doctor not booked, not present ...	...	...	...	3
Doctor booked, present ...	...	...	...	90
Doctor booked, not present ...	...	...	...	551
Number of Midwifery visits ...	...	...	...	10,388
Number of Maternity visits ...	...	...	...	3,079
Number of Ante-Natal visits ..	...	...	...	5,553
Number of Post-Natal visits ..	...	...	...	471
Number of Casual visits ...	...	...	...	1,729
Total number of visits made ..	...	...	...	21,220

Supervisory visits:

Midwifery ...	...	...	...	3,389
Maternity ...	...	...	...	261
Ante-Natal Teaching ...	...	...	...	345
			TOTAL	3,995

Number of Evening Relaxation Classes ...	...	97
Number of attendances of mothers at these classes		596
Number of cases on books being nursed at 1.1.60. ..		19
Number of cases on books being nursed at 31.12.60.		14

Medical Assistance Called in Domiciliary Cases by Medical Help Forms:

Condition of Mother ...	...	...	...	289
Condition of Child ...	...	...	...	36
Miscarriages ...	...	...	...	6
			TOTAL	321
Number paid by Local Authority ...	...	...	...	1

Sufficient has been written in the Introduction to indicate the changing pattern of this work.

The following is a summary of the work carried out by the Health Visiting Staff:

No. of Visits to Homes:

No. of first visits to expectant mothers	713)	944
No. of re-visits to expectant mothers ...	...	231)	
No. of first visits to children under 1 year ...	...	1,342)	5,840
No. of re-visits to children under 1 year ..	...	4,498)	
Total number of visits to children:			
1 and under 2 years ... ..	...	...	2,940
2 but under 5 years ... ..	...	...	6,624
			<hr/>
			16,348

Other Cases:

Infectious diseases ...	...	...	...	...	341
Tuberculosis ...	...	...	...	...	680
Post-Natal ...	...	...	...	...	138
Mentally Subnormal ...	...	...	...	...	188

SECTION 25 - HOME NURSING

Although the Domiciliary Midwifery Service has had to handle an increasing volume of work, it is apparent that for the past few years this has not been true of the Domiciliary Nursing Service.

The figures for work done over the past twelve years are as follows:

<u>Year</u>	<u>Cases</u>	<u>Visits</u>
1949	1,263	44,655
1950	1,310	47,706
1951	1,569	56,030
1952	1,664	58,875
1953	1,931	57,455
1954	1,883	58,809
1955	1,963	58,814
1956	1,959	58,159
1957	1,790	58,229
1958	1,769	57,359
1959	1,733	52,149
1960	1,474	45,039

It may be recalled for instance that the "Night Injection Service" was discontinued in 1958 as it was being used less and less.

In 1960 there were two staff permanently on night nursing duties. Again however, because of lessening demand, a reduction was made to one, and it has been found to be adequate to date.

It is thought that the lessened need is partly due to modern methods in dealing with recovery from illness. Patients generally are now commonly got out of bed after a few days, where once they remained for weeks or even months. As a result they now become mobile and independent much sooner.

This is particularly true in older patients, who form a considerable proportion of those nursed at home.

It will be interesting to watch how this tendency progresses.

Number of Cases Attended During the Year:

Medical	1,030
Surgical	341
Infectious Diseases	1
Tuberculosis	8
Maternal Complications	58
Others	-
Maternity Nursings (i.e. early discharges from City Maternity Hospital) ...	36
TOTAL NUMBER OF CASES	<u>1,474</u>
Number of cases on books at 1.1.60.	242
Number of cases on books at 31.12.60.	259

Visits Paid to all Patients:

Number of Medical Visits	37,180
Number of Surgical Visits	6,955
Number of Infectious Diseases Visits	1
Number of Tuberculosis Visits	203
Number of Maternal Complications visits	275
Number of Other Visits	-
Number of Visits to Maternity Cases (i.e. Early Discharges from City Maternity Hospital)	425
TOTAL NUMBER OF VISITS	<u>45,039</u>
Number of Night Nursing Visits (included above)	235

SECTION 29 - DOMESTIC HELP

Partly because of the reasons given for less demand for Home Nursing and partly because of the ageing population, the demand for this service increases year by year almost entirely due to the needs of the elderly, who though not requiring so much nursing, do need home help with their housework.

Number of Domestic Helps Employed at 31st December, 1960

Whole-time ...	...	...	...	...	...	Nil
Part-time ...	...	...	...	...	...	56

Number of Cases where Domestic Help was provided during the Year:

Maternity ...	...	...	...	...	...	26
Tuberculosis ...	...	...	...	...	...	5
Chronic Sick (including Aged and Infirm)	...	...	...	...	...	319
Others ...	...	...	...	...	...	52
TOTAL ...						<u>402</u>

Analysis of Cases Served:

	<u>Paying Cases</u>	<u>Free Cases</u>	<u>Total</u>
Maternity	26	-	26
Tuberculosis	3	2	5
Blind	-	6	6
Illness	40	9	49
Chronic Sick and Old Age Pensioners	98	215	313
Miscellaneous	2	1	3
TOTALS	169	233	402

Cost of Service (1960/61) estimated ...	...	£12,270.
Recovered from Paying Cases (1960/61) ...	...	£850.

SECTION 26 - VACCINATION AND IMMUNISATION

The figures below are based on the estimated mid-year population and show that 14.5% of children under one year of age were vaccinated against smallpox. This is a higher figure than for very many years.

As is shown in the School Report, the preliminary testing and vaccination against tuberculosis scheme in children aged 13 reached the very satisfactory proportion of over 70% acceptance. Freeze-dried vaccine was used.

The protective inoculations against Anterior Poliomyelitis remained high at 70%; those against diphtheria at 53.7%, but against whooping cough much lower.

It is of interest to note that the Ministry of Health in May approved Gloucester as a Centre for Yellow Fever immunisation. The work is undertaken at the Southgate Street branch of the Gloucestershire Royal Hospital. From May 12th to the end of the year, 81 immunisations were carried out.

I - Against Smallpox

Age at Date of Vaccination	Under 1	1	2 - 4	5 - 14	15 & Over	Total
Number vaccinated	180	52	39	24	55	350
Number re-vaccinated	-	-	7	12	111	130

There were no "Specially Reported" cases during 1960 as showing complications from Vaccination.

II - Against Tuberculosis
B.C.G. Vaccination

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. Contact Scheme
(Circular 72/49)

(i)	No. skin tested ...	...	127
(ii)	No. found positive ...	...	11
(iii)	No. found negative ...	...	101
(iv)	No. vaccinated ...	...	82

B. School Children Scheme
(Circulars 22/53 and 7/59)

(i)	No. skin tested ...	...	1,766
(ii)	No. found positive ...	...	253
(iii)	No. found negative ...	...	1,490
(iv)	No. vaccinated ...	...	1,428

C. Students Attending Further Education Establishments
(Circular 7/59)

(i)	No. skin tested ...	...	3
(ii)	No. found positive ...	...	-
(iii)	No. found negative ...	...	3
(iv)	No. vaccinated ...	...	3

III - Against Poliomyelitis

First Injections given during the Year:

Born 1943 - 1960 ...	...	907
Born 1933 - 1942 ...	...	802
Born before 1933 ...	...	1,764
TOTAL		<u>3,473</u>

Second Injections given during the Year:

Born 1943 - 1960 ...	...	893
Born 1933 - 1942 ...	...	268
Born before 1933 ...	...	506
TOTAL		<u>1,667</u>

Third Injections given during the Year:

All groups	<u>4,863</u>
----------------	-----	--------------

Total No. received 2nd injections 1956 - 1960 ... 18,975

Total No. received 3rd injections 1958 - 1960 ... 15,399

IV - Against Diphtheria

Number of children who had completed a full Course of Immunisation
at any time up to 31st December, 1960

Age at 31.12.60, i.e. Born in Year	0-1 1960	1-4 1959-56	5-9 1955-51	10-14 1951-46	Total Under 15
Last complete course of injections (whether primary or booster)	666	2,058	2,558	2,023	7,305
1952 or earlier	-	-	1,270	2,173	3,443
Estimated mid-year child population	1,240	4,460	10,900		16,600
Immunity Index	53.7	46.1	42.0		44.0

There were no notifications of Diphtheria in 1960

V - Against Whooping Cough

	Age at date of final injection		
	0-4 years	5-14 years	Total
No. of children who have completed a primary course of pertussis vaccine (singly or in combination) during the year ended 31.12.60.	477	8	485

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER-CARE

1. A great deal of Prevention of Illness and After Care is performed under other sections of the Act, notably in the work of the Health Visitors and Health Inspectors. Other features of this work are shown in the recuperative holidays provided by the Health Committee (58 last year) and in holidays provided through two charities for women and children (46 last year) viz. the Free Hospital and St. Peter's Charity and the Fluck Charity. They have also helped with clothing and bed clothes. The grants of money for these items are spent by the Health Visitor to see that the money is wisely spent. Both Charities have been very generous.
2. The District Nursing Society acts as agent for the Health Committee in lending equipment to patients being nursed in their own homes.

The Society was lending equipment before 1948, but then the stock was in effect given to the Health Committee and has since been replaced as necessary, and added to. In addition the Society out of its Welfare fund has also bought certain extra equipment. The Health Committee and the patients of Gloucester have both benefitted by this generosity of the Society.

The progressive policy that is pursued is shown in the purchase of two Oxford hoists in 1959. Although these are simple and can be transported in a nurse's car, this and their assembly take time, as does the fixing of slings under the patient. These hoists are best employed when left at a house where the patient is heavy and the relatives are capable of operating the hoist themselves.

The increasing number of special walking sticks (with 3 or 4 feet) reflects the increasing attention now paid to early mobility in treatment.

The following then is the list of equipment available, nearly all of which is in constant use, and is lent out without charge.

Wheel Chairs (outdoor)	48
Wheel Chairs (indoor)	5
Oxford hoists	2
Penryn Lifting Aids	2
Beds, dunlopillo (each in three sections)	3
Beds, air	4
Air Rings	50
Walking Frames	2
Walking Sticks (tripod and quadraped)	21
Bed Tables	4
Bed Rests	16
Bed Cradles	14
Commodes	17
Bedpans	60
Urinals	57
Douche Cans	18
Rubber Macintoshes	70
Feeding Cups	12
Sputum Mugs	12
Bed Blocks	12
Bath Aids	2

3. Mass Radiography

I summarise a statistical report from Dr. Hayward, Medical Officer in charge of the Mass Miniature Radiography Unit.

Of 9,574 miniature X-rays of chests, 178 persons were recalled for large films.

The findings of actual disease in persons who were not already under observation were:

Tuberculosis ...	...	...	14
Bronchitis and Emphysema	...	...	9
Cancer	...	...	5
Other abnormalities	...	...	27

4. I give below a report on Tuberculosis from Dr. F. J. D. Knights, Senior Chest Physician.

The 54 new cases of tuberculosis notified in the City of Gloucester were handled in the Chest Clinic service. They are analysed as follows:

Unclassifiable ...	...	...	...	2
Haematogenous, including Miliary and Meningeal	...	...	...	1
Abdominal, Orthopaedic and Cervical Glands	...	...	...	3
Primary or Post-Primary Infection	...	...	...	9
Minimal Phthisis ..	...	...	...	4
Moderate Phthisis	...	...	...	33
Advanced Phthisis	...	...	...	2
			TOTAL	54

These numbers being comparatively small, the general trend is better seen in the Clinical Area figures for North Gloucestershire, which includes the City of Gloucester.

Unclassifiable ...	...	...	...	3
Haematogenous, including Miliary and Meningeal	...	...	...	3
Abdominal, Orthopaedic and Cervical Glands	...	...	...	18
Primary or Post-Primary Infection	...	...	...	34
Minimal Phthisis ..	...	...	...	28
Moderate Phthisis	...	...	...	96
Advanced Phthisis	...	...	...	10
			TOTAL	192

Clinical Area Analysis

TABLE I

Number of New Cases of Phthisis and Severity at Time of Diagnosis

	<u>1953</u>	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>
Total Number	244	229	184	218	160	173	145	134
Minimal Cases	18%	20%	20%	22%	22.5%	17%	15%	21%
Moderately								
Advanced Cases	67%	66%	71%	65%	65%	70%	72%	72%
Advanced Cases	15%	14%	9%	13%	12.5%	13%	13%	7%

TABLE II

Source of Reference of Cases Analysed in Table I

	1953 + 1954 (473 cases)	1955 + 1956 (402 cases)	1957 + 1958 (333 cases)	1959 + 1960 (279 cases)
Referred by				
General Practitioners	41%	44%	48%	53%
Mass Radiography	27%	26%	23%	24%
Contact Organisation	7%	7%	4%	7%
Hospital, Forces, In-Transfer, etc.	25%	23%	25%	16%

The Gloucester City Register of Notified Persons known to us as at
31st December, 1960:

30	Red
94	Yellow
353	Green
<u>477</u>	Total Cases

Of both interest and importance is the extent to which resistant strains of tubercle bacilli are being disseminated in the community by patients who have been unsuccessfully treated and remain infectious. Our impression has been that it is extremely rare for new cases of tuberculosis to be discovered to be infected with bacilli which are resistant to one or more of the usual drugs.

In 1960 there were 18 new cases of phthisis in Gloucester who had a positive sputum. 15 of these showed fully sensitive organisms. In 2 others the sensitivity was not determined, the initial positive culture not being confirmed. 1 case showed a degree of streptomycin resistance in the only positive culture obtained in the course of bacteriological examinations, but this culture occurred after two months of treatment. There is no definite evidence that this patient was initially streptomycin resistant.

There were 10 relapse phthisis cases in 1960. 8 showed full sensitive organisms. 2 cases showed resistance; 1 to one drug only, and has become non-infectious on alternative drugs, and the other resistant to all three main drugs, was treated satisfactorily on alternative drugs.

On this 1960 sampling there is very little evidence of the dissemination of drug-resistance as a problem in the City.

The number of known chronic infectious cases in the community is of great importance. This includes both those who cannot be cured and who, perhaps more likely these days, refuse to co-operate. Apart from the newly notified cases there are 12 such patients in the City. One lady has remained flagrantly non-co-operative and presumably extremely infectious. Another lady and two men can be described as partially co-operative. In this group the two men were working, and had ample opportunity of disseminating infection. Both have since come under treatment. The other chronic infectious cases are either having treatment and are probably therefore safe, or are not working. One red case included in the Gloucester list is a vagrant with chronic, active tubercle, but he is not known to have resided in the City of Gloucester for over a year.

Contact examinations arising out of Gloucester City cases notified in 1960:

ADULTS

Under 45		Over 45	
Called	Response	Called	Response
116	79 ^{68%}	48	36 ^{75%}

Overall Percentage of attendance - 70%

Two women were notified as a result of these examinations, after a period of observation (both "lungs") and a girl of 21 and a boy of 14 were both notified "lungs", being contacts of their father.

CHILDREN

Of 93 children called up, 11 did not attend at all, 5 were tuberculin negative but did not attend for further follow-up, 1 was tuberculin positive and kept under clinical observation, and the remaining 76 are analysed as follows:

Tuberculin +	Referred to G.P. and H.V.	Age 0 - 4	2
Tuberculin +	Referred to G.P. and H.V.	Age 5 - 11	3
Tuberculin +	For follow up X-rays	Age 12-16	7

Tuberculin - Successfully B.C.G. vaccinated	50
Tuberculin - B.C.G. refused - for serial tuberculin testing	3
Tuberculin tested and/or X-rayed and discharged (at no further risk)	11

Summary of Notifications of Tuberculosis during 1960

Age Periods	Formal Notifications													
	Number of Primary Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total
Respiratory, Males	-	-	1	-	2	-	1	3	6	6	3	1	1	24
Respiratory, Females	-	-	-	1	2	2	2	10	4	1	3	-	-	25
Non-Resp., Males	-	-	-	-	1	-	-	-	-	-	-	-	-	1
Non-Resp., Females	-	-	-	-	-	1	-	1	-	1	-	1	-	4

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the year, otherwise than by formal notification Nil

Number of Cases of Tuberculosis remaining on the Register of Notifications on 31st December, 1960

Pulmonary			Non-Pulmonary			Total Cases
Males	Females	Total	Males	Females	Total	
231	188	419	25	33	58	477

Notifications, Deaths and Visits Made

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
New Cases	98	114	102	71	69	88	62	66	46	54
Deaths	32	19	16	18	12	10	8	14	6	2
Visits made by Health Visitors	1530	1770	1740	1593	1320	1310	1187	796	746	680

Bedding and Shelters on Loan to Tuberculosis Cases at 31st December, 1960

Mattresses	...	...	3
Blankets	...	...	32
Shelters	...	...	-
Bedsteads	...	...	4
Sheets	...	...	33
Pillows	...	...	6
Pillow Cases	..	...	2

Extra Nourishment

Number in receipt of free milk at the end of:

1951	-	72	1956	-	52
1952	-	70	1957	-	39
1953	-	75	1958	-	24
1954	-	68	1959	-	27
1955	-	51	1960	-	23

Recuperative Holidays

Granted ...	...	...	...	...	...	...	...	58
Not granted	...	...	...	...	...	...	...	Nil
Holidays provided by voluntary agencies when national and local schemes not applicable								48

SECTIONS 28 AND 51 - MENTAL HEALTH

Mental Health Act, 1959

This Act is designed to bring the treatment of mental disorders into line with the treatment of all other illness. It removes the judicial procedure for the admission arrangements and abolishes the distinction between Mental Hospitals and ordinary Hospitals. It seeks to encourage the treatment of mental disorder wherever possible, within the community, and looks for the progressive development of all forms of community service for the mentally disordered. Its main provisions came into force on 1st April, 1960, and over the coming years the gradual development of services in keeping with the new ideas set out in the Act will emerge.

The development in Gloucester may be briefly considered in relation to the proposals submitted to the Ministry by the Council.

Personnel

The three Duly Authorised Officers have been transformed into the Mental Welfare Officers and emerge as persons with less power for compulsory admission but with far greater importance and responsibility as advisors to the community on all matters affecting their mental health and welfare. Increasingly more use will be made of the wisdom of these officers who form the basis of the community mental welfare services. During the past year the City has had one Psychiatric Social Worker in training, and it is hoped that she will return to help with the skilled work in this field next year.

The co-operation between Hospital Service and the Local Authority services has been of a high order. Twice weekly admission conferences and Monthly After Care Conferences are held in the Mental Hospital at which the Mental Welfare Officers meet the consultants and with them attempt to resolve their difficulties and plan the community care of discharged patients. The Disablement Resettlement Officers' Conference is held quarterly at Coney Hill Hospital.

The Mental Welfare Officers also supervise the subnormal cases from the age of eleven onwards, but the Health Visitors continue with the supervision of the younger ones. By this means it is hoped that the patients will get to know their mentors as life-long advisors and look upon them as old and trusted friends.

Two Mental Welfare Officers have had refresher courses during the year.

Training Centres

- (a) Juniors. The City is still sending 27 children to the County Centre at Cheltenham, but plans for the new Centre attached to Longford E.S.N. School are well advanced.
- (b) Adults. The City adult cases will continue to use the Centre at Cheltenham in co-operation with the County. At present two adults attend daily in transport provided by the Local Health Authority.

The Day Hospital attached to the Hospitals continue to provide for the needs of the mentally ill and give satisfaction.

Residential Accommodation

No clear need for this has been established in the area. A trial was made with a Hostel for under 16 year old mentally disordered children, but even for this the need has not proved sufficient and the Hostel at 24 Podsmead Road will accordingly be closed.

Social Clubs

A "leavers" club at Longford School is doing valuable work amongst the leavers for that School, and has also offered its facilities to suitable boys at Oak Bank School, the Progress Classes at Other Schools, or at the Training Centre.

Other Facilities

Guardianship services are working satisfactorily and there was one person under guardianship of the Council at the end of the year.

The panel of doctors with special experience in mental disorders under Section 28 of the Mental Health Act has been set up and appears to be functioning satisfactorily.

The transition to the new Act thus appears to have passed off well. Judging from the work of the Mental Welfare Officers also, more people than ever before are being admitted informally when necessary rather than with any compulsion.

The future development of the service would seem, in this area, to lie in the progressive development and extension of all the services for patients living in their own homes rather than in the provision of any residential accommodation.

1. Admissions to Horton Road and Coney Hill Hospitals

(a) 1st January, 1960 to 31st October, 1960

Admissions under the Lunacy and Mental Treatment Acts:

Informal Patients ...	...	...	...	132
Certified Patients ..	...	...	...	7
Three Day Order Patients ...	...	...	...	60

(b) 1st November, 1960 to 31st December, 1960

Admitted by Mental Welfare Officers under the Mental Health Act, 1959:

Informally ...	...	...	...	2
For Observation (Section 25)	...	...	...	2
For Treatment (Section 26)	...	...	...	2
Emergency Admissions (Section 29)	...	...	...	2
(Informal not now notified to us).				

2. Subnormal and Severely Subnormal Patients

(a) Number under supervision in the Community	...	80
(b) New cases notified during the year	...	16
(c) Admitted to hospitals	...	10
(d) Number attending at Training and Occupation Centre	29	
(e) Number on waiting list for admission to hospital	11	
(f) Number under Guardianship	...	1
(g) Number on trial leave	...	4

SECTION 27 - AMBULANCE SERVICE

The overall cost of this Service was £35,000 in 1960, of which salaries and wages formed over 60%.

Great efforts have been made to effect economies, particularly as to persons carried in sitting-case cars. No-one is entitled to the use of this free service if they are fit to use public transport. Certain patients obviously cannot use public transport, but it is disquieting to have frequent reports from ambulance staff that a patient who has been certified as needing this service has been seen using public transport or even walking into town on days they are not attending hospital. On the other hand, it is an invidious task to have to decide medically who is fit and who is not! It is further complicated by the fact that some patients live a long way off, and public transport is no longer available when they are free to return home.

If it is to be accepted that all persons attending out-patient departments for treatment, especially in the orthopaedic out-patients, may have transport provided, well and good. If on the other hand the Act means what it says, then the public should accept that a firm line may have to be taken, and then abide by it. The steady rise in cost may make this a necessity before long.

Because only approximately 10% of persons carried were because of accident or other emergency, and that a large proportion of the remaining 90% could equally well have been transported by drivers not qualified in first aid, and not doing night nor weekend work, the question has been raised as to whether some separation of duties could be effected. It has even been suggested that ambulances and staff for accidents could be centred on the hospitals, and the local authority should run a simple bus service during weekday mornings and afternoons only.

Special mention should be made of the continuous efforts made by the Ambulance Officer to keep his Service efficient. In his report, which now follows, will be seen reference to the team entering for the National Ambulance Competition; and also a special test he made. With the co-operation of the Manager of Walls new Ice Cream Factory and of the police, the men on duty were suddenly summoned to a carefully prepared "major accident". Mr. Chinn arranges these each year, in a different place, and they form an excellent test as they are unexpected by the rest of the staff.

I give below a report by the Chief Ambulance Officer.

For the first time since the introduction of the National Health Services Act, 1946, which came into operation on 5th July, 1948, more than 30,000 calls were received and answered during the year. This shows an increase of 2,164 over 1959.

Although the calls show 2,164 above 1959, the total persons carried only shows an increase of 1,804, to a total of 31,043.

There were 1,743 accident calls, with 1,870 persons injured. Emergency calls show a slight decrease, but removals, which include admissions, discharges, inter-hospital transfers and treatment cases, have increased. Sitting-cases still continue at the alarming figure of 79% of ambulance work. The various methods tried throughout the country to devise some scheme, whereby greater control on ambulance requirements for the various classes of patients attending hospitals for treatment, has failed to reduce the totals with any appreciable numbers.

Mileages for the year total 137,931, and is only 1,500 miles over 1959, although there was a large increase in cases. It is worth noting that there was a decrease in ambulance mileage of 1,274 but an increase in sitting-case vehicle mileage of 2,774.

Apart from the normal ambulance work, 2,588 disabled persons were conveyed to the Disabled Club, of which the Hospital Car Service carried 1,300.

Further, blind persons are conveyed to the Blind Club, and during the year 2,806 were taken to the Weekly Club, and 168 to the Special Evening Club. The Hospital Car Service again undertook a lot of this work and conveyed a further 1,315 to the weekly Club and 781 to the evening Club. This makes a total of 2,588 disabled and 5,120 blind persons carried during the year.

There were 11 false calls made during the year, not one of which could be classed as "with good intent". The police were able to take action with some of the persons concerned, which are mainly young children.

The Local Authorities Ambulance Services Competition for the South West Region was held at Dorchester, and the City team put up a very creditable performance, being placed third. I would like to mention that the City Ambulance Captain failed to retain the Captain's Cup he won in 1959 by only half a mark.

All the ambulance personnel were re-examined in First Aid and passed. One Driver Attendant left the Service and another appointment made. The working conditions of the staff have been greatly improved by National Awards and changes. Further changes will take effect from 1st January next year.

The Hospital Car Service has been of great assistance, and the Area Transport Officer (Mrs. D. H. Hough) most readily co-operates at all times, often at very short notice.

During the year 187 cases were conveyed by rail, showing an increase of 35 over last year. Here I would mention that our best thanks be given to the staff of the British Railways for their helpful assistance at all times. Also to those members of the Voluntary Organisations who are always prepared to undertake escort duty to all parts of the country. If the above cases had been conveyed by road, a total of approximately 70,000 miles would have been added to the ambulance mileage.

Towards the end of the year a Major Accident Test was carried out at Messrs. Walls' Factory with very satisfactory results. These tests prove the efficiency of the Ambulance Service and is good training for the personnel.

The Ambulance Service continues to give this City an efficient Service. Due to National Wage awards the cost has increased, but every endeavour is made to keep such costs within reasonable limits.

New Ambulance Station

The new station is now nearing completion and it is hoped to take possession early next year. The general impression is that this building will be the best Ambulance Station for its size in this country.

In conclusion I would like to record my appreciation to all members of the Ambulance Service for their efforts in maintaining an efficient Service and to their complete co-operation during the year.

Summary of Cases for the Year

					<u>1960</u>	<u>1959</u>
City Accidents ...	...	...	...	...	1,311	1,297
City Emergencies	...	...	...	...	986	1,082
City Removals ...	...	...	...	...	17,421	16,120
County Accidents	...	...	...	...	432	392
County Emergencies	...	...	...	...	438	480
County Removals ..	...	...	...	...	7,087	6,254
Over Hospital Cases	...	...	...	...	608	612
Inter-Hospital ...	...	...	...	...	2,566	2,178
Other Authorities	...	...	...	...	24	24
					<hr/>	<hr/>
				TOTALS ...	30,873	28,709
					<hr/>	<hr/>

					<u>1960</u>	<u>1959</u>
Total milcage ...	...	...	...	...	137,931	136,431
Total vehicle journeys:						
Ambulance ...	...	...	...	...	3,556	3,210
Cars ...	...	...	...	...	4,934	5,040

Hospital Car Service:

Total Cases ...	...	...	...	...	251	122
Total Mileage ...	...	...	...	...	13,440	10,746
Increase of Cases over 1959 ...	...	...	...	...	129	
Increase of Mileage over 1959	...	...	...	...	2,694	

Patients Conveyed by Rail:

Total Cases conveyed by:						
Stretcher ...	...	...	...	...	16	22
Sitting ...	...	...	...	...	171	130

Use of Omnibus:

Persons to Occupation Centre ..	...	...	...	...	5,033	3,203
Blind Persons and Other Disabled Persons	...	...	...	...	2,479	2,099
Children to Holiday Camp	...	...	...	...	351	666
Other Journeys ..	...	...	...	...	200	151
Total Journeys ..	...	...	...	...	662	607

Mileage in respect of Civil Defence Training, Driving Instruction and Civil Defence Exercises for the year:

Driving Instruction ...	...	...	...	...	...	202 miles.
Civil Defence Exercises	...	...	...	...	...	<u>723 miles.</u>
				TOTAL	...	<u><u>925 miles.</u></u>

SECTION C

INFECTIOUS DISEASES

Notifications of most infectious diseases again show a decrease. The amount of venereal disease however, as shown by numbers attending the local Clinic, is about the same. The most disturbing feature is the increase in gonorrhoea in females, and there is good reason to assume that many of these are "teenagers".

Number of Notifications of Infectious Diseases from 1946 to 1960

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	75	60	172	167	70	55	46	65	68	55	50	28	46	77	21
Diphtheria	99	34	14	2	1	...	1	...	...	...	...	...	...	...	...
Pneumonia	82	84	52	41	52	69	48	67	27	58	32	29	29	24	11
Cerebro-Spinal Fever	2	6	2	3	*	*	*	*	*	*	*	*	*	*	*
Meningococcal Infection ...	*	*	*	*	1	3	2	1	*	*	1	4	2	2	1
Polio-myelitis or Polio: Encephalitis	...	14	1	4	*	*	*	2	...	...	...	5	...	...	...
Polio-myelitis, Paralytic	*	*	*	*	2	...	4	3	...	9	...	1	...	...	...
Polio-myelitis, Non-Paralytic	*	*	*	*	1	...	4	3	...	4	...	1	...	...	...
Dysentery ...	2	2	...	2	...	...	7	10	6	3	6	1	11	17	3
Ophthalmia Neonatorum	5	6	2	2	4	1	+2	+2	+1	+4	...	+3	...	...	...
Puerperal Pyrexia	15	8	10	10	5	13	21	30	22	18	20	26	34	34	32
Erysipelas	14	21	15	20	20	10	12	6	12	6	5	5	4	3	4
Enteric Fever (including Paratyphoid Fever)	5	...	1	...	*	*	*	*	*	*	*	*	*	*	*
Enteric Fever or Typhoid Fever	*	*	*	*	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fever	110	124	119	121	75	85	101	91	67	60	79	55	58	38	49
Tuberculosis - Respiratory	*	*	*	*	*	*	*	*	*	*	...	...	...	...	...
Tuberculosis - Meninges and C.N.S.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis - Other Forms	20	12	16	8	13	13	13	11	4	9	9	6	7	7	5
Measles ...	22	863	480	327	1493	607	585	735	814	632	527	879	349	964	203
Whooping Cough	164	162	67	165	243	238	135	130	238	74	124	129	179	61	48
Acute Encephalitis - Infective	*	*	*	*	...	1	...	...	...	...	...	...	...	...	...
Acute Encephalitis - Post-Infectious	*	*	*	*	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning	=	=	=	=	37	7	4	4	12	3	1	3	3	2	7

* See different classification.

+ Vision impaired.

= Not notifiable.

Report on Venereal Diseases, 1960

New Cases Treated at Gloucester Centre (from City and Elsewhere)

Gonorrhoea

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1955	12	4	16
1956	35	7	42
1957	28	2	30
1958	39	6	45
1959	50	10	60
1960	40	19	59

Syphilis (Early and Late)

1955	3	7	10
1956	6	-	6
1957	4	2	6
1958	9	4	13
1959	9	3	12
1960	3	1	4

Congenital Syphilis

	<u>Under 15 years</u>	<u>Over 15 years</u>
1955	-	-
1956	-	1
1957	-	3
1958	1	-
1959	1	2
1960	-	1

Other Conditions

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1957	70	40	110
1958	56	30	86
1959	74	39	113
1960	84	36	120

Other Conditions Not Requiring Treatment

1959	46	25	71
1960	55	24	79

County patients attending the Centre included in all the above figures were:

Syphilis ...	...	...	...	...	2
Gonorrhoea	...	...	...	...	33
Other Conditions requiring treatment or otherwise ...	...	...	...	...	126

SECTION D

MEDICAL EXAMINATIONS OF CORPORATION EMPLOYEES

Children's Department	2
City Architect's Department	9
City Museum	2
City Surveyor's Department	30
City Treasurer's Department	6
Education Department	40
Entrants to Training Colleges	32
Fire Brigade	14
Health Department	9
Housing Department	2
Public Library	3
Town Clerk's Department	6
Welfare Department	4
Other Authorities	5
TOTAL	164

SECTION E
NATIONAL ASSISTANCE ACT, 1948

Total Blind Population, 1960

TABLE I

Age Periods									
0-1	1-4	5-15	16-20	21-39	40-49	50-64	65-69	Over 70	Total
-	-	-	-	6	17	34	19	95	171

TABLE II

Ages at which Blindness occurred

0-1	1-4	5-10	11-20	21-29	30-39	40-49	50-59	60-69	Over 70
13	5	5	3	11	11	16	21	19	67

Retrolental Fibroplasia

No new case was notified under this heading during the year.

It is commonplace knowledge that advancing age brings a weakening of physical power. This shows itself not only in a general decline but in particular systems, differing in different people. In some people the special senses fail early, e.g. blindness or deafness; in others cerebral haemorrhage causes paralysis, or in others a degeneration of the brain causes loss of memory or a confused mental state. Two or more of these particular handicaps can and do occur, so that in older people it is often difficult to classify them as falling into one or other group of handicapped; thus quite an appreciable number of elderly people suffer from multiple handicaps. Such persons are really problems of old age, and could be properly referred to as "Geriatric" cases, and the dividing lines are very fine between which of them are best dealt with by (a) hospital, when they need continuous medical or nursing care, (b) Welfare, when they need continuous "home" care in an institution, or (c) Domiciliary care, demanding Home Help and perhaps the need of special visitors such as those for the Blind or Deaf.

All of these old people need some help, and fortunately the majority receive this in their own homes from relatives. In spite of a lot that is said against the younger generation today, my experience is that they look after their old folk well, especially having regard to the difficult housing conditions that exist and the relatively fewer young people and the greater number than ever of old people in the population.

The problem can be exemplified by the blind. As will be seen from the tables that follow, out of 171 persons on the register, 114 were over the age of 65, and 95 of them, i.e. over half of the total, were over 70.

In addition to the elderly are what may be called the young handicapped. Both young and old are well provided for if blind or deaf. In the latter connection the provision has developed greatly of late years through the teachings and methods of such pioneers as Professor and Mrs. Ewing of Manchester, by new techniques in surgery and by the developments in hearing aids. All of these three methods are applied by Mr. Mower and his team at the Gloucestershire Royal Infirmary with brilliant results, and in some of which he is a pioneer.

The social life for handicapped persons is looked after in the case of the blind mainly by the work of the Home Teachers. In the case of the Deaf by the Diocesan Association, and the physically handicapped by the City division of the British Red Cross Society.

Special mention should be made of the help given by the City Ambulance Service, and through them the Voluntary Car Service. Together they transported nearly 8,000 persons during the year. This is independent of the 21 ineducable children who were daily taken to the Occupation Centre at Cheltenham.

Work in connection with the blind is undertaken direct by the Health Committee. The report of the Home Teachers, which follows this introduction, refers not only to their routine work, but also to their many special efforts during the year. It is praiseworthy how much time is spent by them each week in holding their various evening meetings, and at holiday time in accompanying the blind on their visits to the seaside.

The Blind Persons Coffee Club continues its independent existence and is as virile as ever, with its Saturday evening meetings, its skittles club, and its summer outings and winter gatherings. Mr. Brown remains the presiding guide.

The Gloucester City (Blind) Voluntary Association provides money for several items in the social activities which take place at Palmers Hall, and it also provides a summer outing and Xmas party. This association is the channel through which the National Wireless for the Blind distributes wireless sets, and itself maintains them. In all this work, our Home Teachers do all the distribution of sets, and also the invitations to their social functions.

I give below a report by the Home Teachers of the Blind.

As revealed by the statistical return for the year under review, the number of registered blind persons in the City was 171, 61 males and 110 females. Of the total number, 95 were over the age of 70. There were 21 newly registered persons, the average age at which blindness occurred was 70. Four blind persons were transferred from other areas. There were 13 deaths, and 4 persons were transferred to other areas. The majority of new cases were brought to notice by the National Assistance Board. There were no blind children in the City.

Doubly handicapped persons totalled 65, of whom 20 are also physically handicapped, 4 deaf and 20 hard of hearing. There were 6 Members of St. Dunstan's Organisation.

Not available for employment (16-64)	17
Not capable of employment (16-64)	18
In Homes for the Blind	1
In Other Homes (Part 3)	8
In Chronic Sick Hospitals	6
Hospitals for Mentally Ill	5
In Hospital for Mentally Sub-Normal	1

The number of registered disabled blind persons engaged in full-time employment throughout the year was 18 as follows:

Basketmakers	1
Typists	2
Dealers	1
Factory Workers	6
Telephonists	1
Labourers	2
Masseurs	1
Porters	1
Domestics	1
In other "Open" Employment	2
Unemployed but capable and available for work, without training (open)	2
Trained but unemployed (open)	2
Unemployed but available (subject to being trained) ..	1

Approximately 2,250 visits were paid during the year under review. Advice, practical assistance or instruction was given on almost every occasion. Newly-blind persons were helped to re-adjust themselves to their disability. Instruction was given in handicrafts and mobility to enable them to regain a sense of usefulness.

Approximately 100 lessons were given in embossed types, and 29 in type-writing.

Unemployed and elderly persons, some of whom had been on the register for many years, continued to need a great deal of time and attention. A Home Teacher is certainly more than a "visitor" to the elderly and unemployed blind.

Lonely blind persons were of all ages; some had outlived their relatives and friends, while others, for temperamental reasons, had lost the friends they had. What problems this group presented.

102 Handicraft Classes were held at Palmers Hall during the year. Several prizes were won in the Handicraft section at the Bristol Show for Blind Gardeners held on the last Saturday in August.

For the thirteenth year in succession, one of our handicraft helpers organised a Christmas Savings Club. At the end of the year 1/- interest was paid on every pound saved.

Perhaps the most outstanding success of the year was the sale of £50 worth of handicraft articles at the Gloucester Carnival Exhibition during the August holiday period. We were most grateful to the Entertainments Committee for having allowed us an exhibition stand, and may we venture to hope for a similar concession at the next Carnival.

At a Michaelmas sale organised by Toc H in October, about £8 was raised. Unfortunately attendance was poor owing to pouring rain which persisted throughout the day. Nearly £50 was raised at our Autumn Bazaar held at Palmers Hall. An average of £4 was taken at the W.I. Eastgate Market Stall used by us on the second Tuesday in each month. We greatly appreciate this facility. The Stall was always manned by voluntary workers.

Social activities included Summer outings, concerts, games, topical talks and parties. Two Social Evenings were enjoyed each month, and two Harvest Festivals were held in the Autumn. There was also a showing of two Blind Welfare Films for the entertainment of helpers and friends. A member of Toc H took responsibility for projecting these.

In spite of excellent Talking Book Library service, there has for some time been an acute shortage of reading machines. Several blind persons who were great readers before loss of sight have been waiting for a machine for several years. One lady remarked "I suppose we shall have 'gone on' before these machines become available". On 31st December, 11 persons in the City were using Talking Book Machines.

During the year, two new readers became members of the National Library, making a total of nine Gloucester members.

In April, through the generosity of the Fluck Charities, 14 blind persons and helpers spent an enjoyable fortnight at a Weston-Super-Mare hotel, and a party of thirty-one spent a fortnight at Blackpool in the Autumn.

On behalf of blind persons we would specially acknowledge the valuable help given by the following organisations:

Gloucester (City) Voluntary Association for the Blind for several outings, money gifts at Christmas, the supply and repair of radio sets and battery replacements, and for assistance with the cost of refreshment at classes and clubs, etc; Rotary Club for the supply of White Walking Sticks; Norton Women's Institute for 14 dozen eggs; Toc H for help of all kinds; our voluntary sick visitors, and helpers at Handicraft Classes and Socials; City Ambulance Officer (on behalf of the Health Committee) and his staff, for the excellent transport service, without which many blind persons would not be able to attend classes and clubs.

At the end of the year under review, between eighty and ninety blind persons were in receipt of National Assistance.

The names of 34 people appeared on the Partially-Sighted Register.

Other Physically Handicapped

The City Division of the British Red Cross Society has twelve persons attending the occupation class held at their headquarters on Thursday of each week. It is hoped next year to build an Occupation Centre proper, when more persons can be helped, and more sessions held.

In addition a teacher trained in occupational therapy also visits the homes of patients who cannot be got to the Centre.

A Good Companions Club is held every Monday afternoon at Palmers Hall, for the younger grossly handicapped who are transported there as an outing, when otherwise they would probably hardly be able to leave their own houses. Twenty-six attend this class.

Deaf

The work of Mr. Mower and his team has already been referred to. The report of the Gloucester Diocesan Association for the Deaf shows that there are 73 persons on the register as totally deaf. There are many more who are hard of hearing. As this is one of the commonest afflictions of old age the number with some degree of defective hearing must be very large, but fortunately a large proportion can be greatly helped by Hearing Aids and other methods. These have already been discussed.

The Diocesan Association maintains a Centre in St. Mary's Square, where religious and social activities are carried on regularly, which is the headquarters of the work of the Superintendent and the Lady Visitor, Mr. and Mrs. Ross.

SECTION G

SANITARY CONDITIONS OF THE AREA

I give below a report from the Chief Public Health Inspector.

I beg to report on the work of the Public Health Inspectors during the year 1960.

The outstanding feature of the year has been the large increase in the amount of meat inspection carried out in the latter months of the year, due to the opening of two new slaughterhouses in the City. The first of these new slaughterhouses to open was that of Baxters (Butchers) Ltd. at Goodridge Avenue. This is entirely a private slaughterhouse and supplies meat to about seventy of the firm's retail shops in the Midlands and West of England. The average weekly kill is 180 cattle, 500 sheep and 250 pigs. The line dressing system is in operation with separate lines for beef and smalls. The slaughterhouse started in August 1960.

The other new slaughterhouse adjacent to the New Cattle Market is in the occupation of Wm. Devis & Sons, Ltd., an associated company of the Union International Co. Ltd. These are wholesale butchers and also undertake slaughtering for local traders at charges approved by the Corporation. There again the line system operates with separate lines for beef and smalls, and slaughtering commenced in October 1960.

During November the Noise Abatement Act, 1960 came into force. Previously the Council has been able to deal, to a limited extent, with complaints of noise by means of various bye-laws and a section of the 1935 Corporation Act, but this is the first national legislation on the subject and reflects the increased concern of the public over this matter.

The Act should strengthen our existing powers as it will be no longer necessary to prove that the noise complained of is injurious to health, a most difficult task owing to the wide variations in the reactions to noise of different persons.

It is already clear that the implementation of the Act will increase still further the range of technical knowledge demanded of the Public Health Inspector by his diverse duties, and it may be that some degree of specialisation will be needed.

Slow progress was made in the slum clearance and only five areas, comprising fourteen houses were represented to the Health Committee during the year. The rehousing of the inhabitants of the houses in confirmed compulsory purchase orders and clearance orders were also rather slow due to the small number of new houses available at this time. It is hoped that the rehousing of occupants in confirmed areas will be completed as soon as possible because areas in which only some of the premises have been vacated are unsightly, a danger to children and a nuisance to the neighbourhood. The benefits of slum clearance will be more apparent as sites are completely cleared and new buildings raised.

During the year our student, Mr. G. J. Ainscough was successful in the qualifying examination for Public Health Inspectors, and Mr. R. Baylis passed the examination for Inspectors of Meat and Other Foods. In September Mr. R. E. Workman left us to take a post at Gosport.

<u>Public Health Acts</u>	
Dwelling Houses on Complaint	698
Moveable Dwellings	218
Offensive Trades	23
Marine Stores	5
Refuse Tips	22
Offensive Accumulations and Deposits	29
Stables and Piggeries	9
Workplaces	9
Schools	25
Offices	12
Hairdressers and Barbers	27
Theatres, Cinemas, Fairs, etc.	19
Public Sanitary Conveniences	636
Common Lodging Houses	18
Dirty and Verminous Premises	54
Insect Infestations	85
Drain Tests	59
Re-Visits	1,276
Work in Progress	157

<u>Housing</u>	
Houses Inspected	94
Basement Dwellings	14
Houses Let in Lodgings	22
Rent Acts Inspection	23
Re-Visits	345

<u>Food and Drugs</u>	
Bakehouses	67
Bakers (Bread and Cake Shops)	23
Butchers Shops	215
Canteens and Clubs	135
Confectioners	55
Restaurants and Cafes	134
Fishmongers	101
Fried Fish Shops	39
Greengrocers and Fruiterers	115
Grocery and Provisions	407
Dairies	26
Milk Distributors	11
Ice Cream Manufacturers	39
Ice Cream Vendors	26
Food Preparation and Storage Premises	73
Wholesale Food Premises	141
Public Houses	113
Food Vehicles	17
Milk Vehicles	2
Ice Cream Vehicles	1
Pet Meat Shops	3
Samples - Bacteriological	131
- Biological	3
Food and Drugs Samples - Formal	54
- Informal	6
Water Samples	9

<u>Clean Air Act</u>	
Inspections - Dwelling Houses	1
- Commercial Premises	87
- Factories	106
- Others	50
Smoke Observations (hours)	356
Re-Visits	624

<u>Factories Act</u>	
Factories - Power	69
- Non-Power	6
Outworkers	1
<u>Port Health</u>	
Vessels - Foreign Going	107
- Coastwise	7
Canal Boats	6
Rodent Control	59
<u>Miscellaneous</u>	
Shops Act	21
Pet Animals Act	3
Rag Flock Act	-
Rodent Control - Dwelling Houses	102
- Business Premises	236
- Others	54
Noise Nuisances	31
Infectious Disease Enquiries	6
Food Poisoning Enquiries	44
Others	1,623
Slaughterhouses	1,440
Merchandise Marks Act	61

The following is a summary of the notices served and complied with during 1960, together with outstanding notices complied with:

	<u>Served</u>	<u>Complied With</u>
Informal	360	244
Statutory, Public Health Act	15	16
Housing Act	-	-
Factories, Power	9	3
Non-Power	1	-
Gloucester Corporation Act	2	2
Other Premises	14	-

HOUSING - 1960

Orders Confirmed During 1960 - Compulsory Purchase and Clearance Orders.

<u>Title of Order</u>		<u>Clearance Area Nos.</u>	<u>No. of Houses in Order</u>
Albany Street	No. 1 C.P.O.	137	7
Westgate	No. 4 C.P.O.	138	2
Westgate	No. 3 C.P.O.	139	4
Albany Street	No. 2 C.P.O.	140	10
Portland Street	Clearance Order	141	3
Sinope Street	C.P.O.	142	13
Kingsholm	No. 14 C.P.O.	143, 144	13
Kingsholm	No. 15 C.P.O.	145, 146	29
Kingsholm	No. 16 C.P.O.	147	2
Kingsholm	No. 17 C.P.O.	148	16
Worcester Street	No. 1 C.P.O.	149	2
Exhibition Street	Clearance Order	150	6
Albany Street	No. 3 C.P.O.	151, 152	4
TOTAL			111

<u>HOUSES DEMOLISHED</u> <u>In Clearance Areas</u>	Number of Houses	Displaced	
		Persons	Families
Houses unfit for human habitation	89	192	67
Houses on land required under Sec.43(2) Housing Act, 1957	2	-	-
<u>Not in Clearance Areas</u>			
Local Authority houses certified by the Medical Officer of Health	1	7	3
<u>UNFIT HOUSES CLOSED</u>			
Under Secs. 16(4), 17(1) and 35(1) Housing Act, 1957	2	5	2

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

(i) After informal action by Local Authority ...	231
(ii) After formal action under:	
(a) Public Health Acts ...	16
(b) Sections 9 and 16, Housing Act, 1957 ...	-

VERMINOUS PREMISES

Number of houses disinfested ... 38

All disinfestations were carried out with D.D.T. or B.H.C. compounds.

OFFENSIVE TRADES

The following Offensive Trades were carried on in the City at the end of the year:

Dealers in rags and bones ...	1
Tripe Boilers	1
Tallow and Fat Melters ...	1
Number of Inspections made of the above premises ..	3

COMMON LODGING HOUSES

Number on Register ...	3
Number of Rooms registered for sleeping ...	24
Permitted number of lodgers ..	131
Number of Inspections ...	18

RODENT CONTROL

	Type of Property				(5) Agricul- tural	
	Non-Agricultural					
	(1) Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)		
I	No. of properties in Local Author- ity's District (Notes 1 and 2)	66	19,433	3,504	23,003	10
II	No. of properties inspected as a result of:					
	(a) Notification	29	332	81	442	2
	(b) Survey under the Act	14	321	73	408	3
	(c) Otherwise (i.e. when visited pri- marily for some other purpose)	20	545	770	1,335	4
III	No. of properties inspected (in Sec. II) which were found to be infested by:					
	(a) Rats (Major Minor)	13	191	64	268	5
	(b) Mice (Major Minor)	27	111	91	229	1
IV	No. of infested properties (in Sec III) treated by the L.A.	40	301	148	489	6

FACTORIES ACT, 1937

Part I of the Act

Inspections for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	48	6	1	-
Factories not included above in which Section 7 is enforced by the Local Authority	379	69	9	-
Other premises in which Section 7 is enforced by the Local Authority (not including out- workers' premises)	2	-	-	-
TOTAL	429	75	-	-

Cases in which Defects were found

Particulars	Number of Cases in which Defects were Found				Number of Cases in which Prosecutions were Instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	1	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	9	7	-	7	-
(c) Not separate for the sexes	-	-	-	1	-
Other Offences against the Act (not including offences relating to Outwork)	1	-	-	-	-
TOTAL	11	7	-	8	-

OUTWORK

Part VIII of the Act (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list reqd. by Sect. 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing apparel. Making etc.	10	-	-	-	-	-
Cleaning and Washing	-	-	-	-	-	-
TOTAL	10	-	-	-	-	-

SECTION F INSPECTION AND SUPERVISION OF FOOD

Type of Premises

Number

Registered or Licensed Food Premises

Dairies	7
Distributors of Milk	68
Tuberculin Tested Milk - Dealers' Licences	66
Pasteurised and Sterilised Milk - Pasteurisers' Licences	2
Dealers' Licences	95
Ice Cream - Manufacturers, Hot Mix	3
Vendors	253
Preserved Meat	31
Butter Factories and Margarine Wholesale Dealers	11

Other Food Premises

Bakehouses	18
Butchers' Shops	60
Cafes, Restaurants and Canteens	108
Wet and Fried Fish Shops	32
General Food Shops	237
Greengrocers	54
Public Houses	96
Wholesale Premises	27
Food Factories	17
Sweets and Tobacco	62

The Milk (Special Designation) Regulations, 1960

The results of samples of milk taken under the above Regulations were as follows:

Designation	Methylene Blue Test		Phosphatase Test		Biological Exam. (Tuberculosis)		Turbidity Test	
	Satis.	Unsatis.	Satis.	Unsatis.	Pos.	Neg.	Pos.	Neg.
Tuberculin Tested	4	3	-	-	-	4	-	-
Tuberculin Tested (Pasteurised)	25	1	35	-	-	-	-	-
Pasteurised	46	-	64	-	-	-	-	-
Sterilised	-	-	-	-	-	-	-	2
Non-Designated	-	-	-	-	-	-	-	-
TOTAL	75	4	99	-	-	4	-	2

Food and Drugs Act, 1955

The number of samples taken for analysis during the year was as follows:

Number Taken	Satisfactory		Unsatisfactory	
	Formal	Informal	Formal	Informal
56	48	7	1	-

Ice Cream

The number of samples taken from analysis during the year was as follows:

Number Taken	Grade I	Grade II	Grade III	Grade IV
9	7	1	1	Nil

CARCASES INSPECTED AND CONDEMNED DURING THE YEAR 1960

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	5,395	436	541	16,888	13,354
<u>All Diseases Except Tuberculosis</u>					
Whole carcasses condemned	2	3	3	4	5
Carcasses of which some part or organ was condemned	1,753	31	1	268	454
Percentage of the number inspected affected with disease other than Tuberculosis	32.5	7.8	0.74	1.6	4.2
<u>Tuberculosis Only</u>					
Whole carcasses condemned	-	-	-	-	1
Carcasses of which some part or organ was condemned	16	-	-	-	305
Percentage of the number inspected affected with Tuberculosis	0.3	-	-	-	-
<u>Cysticercus Bovis Only</u>					
Whole carcasses condemned	1	-	-	-	-
Carcasses of which some part or organ was condemned	61	-	-	-	-
Percentage of the number inspected affected with Cysticercus Bovis	1.1	-	-	-	-

Disposal of Unsound Food

All unsound meat was disposed of within the City, being converted into fertiliser, etc., by a process of steam sterilisation. All other unsound foods were disposed of by burial on the Corporation's controlled refuse tip.

Slaughterhouses

Number of Licensed Slaughterhouses in the City ...	...	4
Number of visits to Slaughterhouses for inspection of carcasses ...	...	1,440

Food Poisoning

Total number of outbreaks ...	...	Nil
Number of Cases ...	...	6
Number of Deaths ...	...	Nil
Organisms Responsible ...	...	Salmonella.
Food Involved ...	...	Not identified.

SECTION H PORT HEALTH

SECTION I - STAFF

TABLE A

<u>Name of Officer</u>	<u>Nature of Appointment</u>	<u>Date of Appointment</u>	<u>Qualifications</u>	<u>Other Appointments Held</u>
Dr. Charles Cookson	Port Medical Officer	1.4.34.	M.D., D.P.H.	Medical Officer of Health, City of Gloucester.
R. I. Williams	Port Health Inspector	24.9.56.	D.P.A., M.P.H.I.A.	Chief Public Health Inspector, City of Gloucester.
G. W. Alexander	Assistant Port Health Inspector	24.9.56.	M.P.H.I.A.	Public Health Inspector, City of Gloucester.
Capt. H. H. Burbridge	Assistant Port Health Inspector	7.3.55.	Master Mariners' Certificate, B. of T.	Harbour Master
Address and telephone number of the Medical Officer of Health			Health Department, Greyfriars, Gloucester.	
Telegraphic Address			Gloucester 24416/7. Portelth, Gloucester.	

SECTION II - AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B

Ships from	Number	Tonnage	Number Inspected		Number of ships reported as having or having had during the voyage infectious disease on board
			By the M.O.H.	By the P.H.I.	
Foreign Ports	134	64,083	1	133	-
Coastwise	4,756	377,405	-	4	-
TOTAL	4,890	441,488	1	137	-

SECTION III - CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic	Numbers of Passengers inward	Nil
... ..	Number of Passengers outward	Nil
Cargo Traffic { Principal Imports - Timber, Grain, Fertiliser, Telegraph Poles, Pit Props, Apple Pomace Principal Exports - Nil.		
Principal Ports from which ships arrive -	France, the Low Countries, Scandinavia, The Baltic Countries and Russia.	

SECTION IV - INLAND BARGE TRAFFIC

The main traffic is with petrol, timber and grain to Gloucester, Worcester and Stourport.

SECTION V - WATER SUPPLY

Mains water supply from the City of Gloucester water undertaking has been made available to shipping since October, 1955. The water being supplied to the ships by hydrants placed at certain points at the dockside.

SECTION VI - PUBLIC HEALTH (SHIPS) REGULATIONS 1952

A summary of the list of infected areas, amended periodically, is distributed to all concerned.

Any radio message received at any of the Bristol Channel receiving stations is telephoned immediately to the Authorities at Sharpness or to the telegraphic address of the Port Medical Officer.

Mooring stations are provided at (a) the South Western extremity of the Floating Dock, (b) the tidal basin, (c) Northwick Buoy.

Hospital accommodation for infectious diseases (other than smallpox) is at Over Hospital, Gloucester, where persons and their clothing would be disinfected.

SECTION VII - SMALLPOX

Cases of smallpox would be taken to the Bristol Smallpox Hospital.

SECTION VIII - VENEREAL DISEASES

Information given where there are facilities in the area for the diagnosis and treatment of venereal diseases.

SECTION IX - CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

Table D - Nil.

SECTION X - OBSERVATIONS ON THE OCCURRENCE OF MALARIA ON SHIPS

Nil.

SECTION XI - MEASURES TAKEN AGAINST SHIPS WITH OR SUSPECTED OF PLAGUE

Nil.

SECTION XII - MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

All ships arriving from Foreign Ports are inspected by the Port Health Inspector for evidence of Rodents.

Ships and warehouses in Gloucester Docks are kept under the supervision of the City Pests Officer.

Bacteriological and pathological examinations of Rodents is carried out at the Gloucestershire Royal Hospital, Southgate Street.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from Foreign Ports:

TABLE F

Number of Deratting Certificates Issued					Number of Deratting Exemption Certificates Issued	Total Certificates Held
After Fumigation With		After Trapping	After Poisoning	Total		
H.N.C.	Other Fumigant					
Nil	Nil	Nil	Nil	Nil	16	16

SECTION XIII - INSPECTION OF SHIPS FOR NUISANCES

TABLE G

Inspections and Notices

Nature and Number of Inspections		Notices Served		Result of Serving Notice
		Statutory	Others	
British	15	-	-	
Foreign	123	-	-	
TOTAL	138	-	-	

FOOD INSPECTION

55 tons 12 cwt. of Plate Wheat condemned

SECTION J
SCHOOL HEALTH SERVICE

EDUCATION COMMITTEE

1959/60

Chairman:

Alderman Mrs M. L. Edwards

Vice-Chairman:

Councillor A. H. George

Members:

The Mayor (Ex-Officio)

Alderman E. J. Langdon

Councillor Mrs L. R. Langdon

Councillor Mrs F. E. Fitch

Councillor F. Davenport

Councillor I. C. Pritchard

Councillor C. Collins

Councillor Mrs V. E. Price

Councillor V. S. Waters

Councillor A. G. Neal

Councillor B. J. Cooke

Councillor Mrs F. S. Creese

Councillor H. K. Fisher

Rev. K. F. Evans-Prosser

Rev. W. G. E. Quicke

Rev. Canon M. J. Roche

Mr. P. W. Robinson, B.Sc.

Mr. L. A. Buttlings, B.Com.

Mr. A. E. Hancox

Mrs M. Taylor

1960/61

Chairman:

Alderman Mrs M. L. Edwards

Vice-Chairman:

Councillor A. H. George

Members:

The Mayor (Ex-Officio)

Alderman W. J. Smith (Ex-Mayor)

Alderman E. J. Langdon

Councillor I. C. Pritchard

Councillor Mrs L. R. Langdon

Councillor Mrs F. E. Fitch

Councillor C. Collins

Councillor V. S. Waters

Councillor A. G. Neal

Councillor B. J. Cooke

Councillor Mrs F. S. Creese

Councillor H. K. Fisher

Councillor P. G. Clay

Rev. K. F. Evans-Prosser

Rev. W. G. E. Quicke

Rev. Canon M. J. Roche

Mr. P. W. Robinson, B.Sc.

Mr. L. A. Buttlings, B.Com.

Mr. C. H. Glover

Mrs M. Taylor

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Services for 1960.

The programme of immunisation against various infectious diseases has been a full one, and it has been possible to include immunisation against tuberculosis by the use of B.C.G. freeze dried vaccine. The parents of all children aged 13+ were written to and the procedure explained, and a written consent form was received in 70%. This is a gratifying and high acceptance rate, and reflects credit on the work of Drs. Baker and Hansen, together with all Head Teachers.

All the immunising procedures demand a great deal of the time of doctors and school nurses (i.e. the Health Visitors). It is however one of the most important items in their work.

In last year's Report I stated that because of the Adrian Committee's first report on the risks run in using Mass Miniature Radiography, little use would be made of this service for school children until considerable adaptations had been made in the apparatus used. A second report from the Committee has to some extent modified the earlier one. It would appear that the risks are not so great as at first thought. Moreover, even the first report agreed that M.M.R. could be used in special cases. Such a case arose at Oak Bank School where a child was found to be suffering from tuberculosis of the lungs, and an outside source of infection was found. All the children and staff were therefore skin tested for tuberculosis, and where necessary referred to the Service for X-ray of the lungs. Fortunately no further cases have been discovered.

The table showing the number of children infested with vermine has now been excluded. The per centage this year is again low, and there seems to be no reason to repeat the high figures that were obtained up to 10 years ago. This is not to suggest complacency, as even a figure of 2.8 per cent is too high.

The work of the Special Schools is increasing in importance, especially those dealing with Mentally Disordered children. This is in step with the attention paid to Mental Disorders in adults, under the recent Mental Health Act.

The development can be divided into three fields of work:

1. Those of normal mental capacity who however are either maladjusted to school life, or else are actually suffering from some mental illness.

These, especially the former, are often associated with parental difficulties, and are dealt with in the first instance by the Child Guidance Clinic. In some cases, the children have to be sent to a residential school, but some even of these could be dealt with locally if there were special classes for maladjusted children. The Education Committee has therefore obtained the approval of the City Council to establish such classes next year and appoint an Educational Psychologist. This work will be done in close co-operation with the Director of the Child Guidance Clinic.

It is desired however that the Educational Psychologist when appointed will be available to all Head Teachers to advise on particular problems, so that minor degrees of maladjustment can be corrected (with the co-operation of the parents) at an early stage, and so save the necessity for reference to the Clinic.

2. The so-called Educationally Subnormal Children. Those who need a special education scaled down to their capability. Here the Education Committee has done great work already in building Longford School, and adapting Archdeacon Street School. In addition to this Dr. Baker and the Head Master of the latter school started a "Diagnostic" class in April, 1960 for 10 children (aged 5).

This class is designed to admit children who are on the so-called border line of educability, or an educationally subnormal

child with other handicaps, e.g. maladjustment, for special observation and "diagnosis". It is hoped that this will obviate keeping children in an ordinary infants' class where close observation is difficult due to the large numbers, and where they tend to become problems or even nuisances.

The children themselves benefit considerably from the increased attention thus possible, and the detailed observation makes it easier to decide whether the children should continue in the E.S.N. school, or attend the Training Centre.

3. The so-called ineducable. If unfortunately a child is so grossly abnormal that any kind of education is out of the question, then this title would be reasonable. At present however those children whose mental capacity falls below a certain arbitrary level are classed as ineducable because they cannot be taught by methods used for the educationally subnormal. Whilst admittedly much of the early training of these children is little more than simple hygiene and social adjustment, they do in fact later learn quite a lot of simple education proper, and this at present is provided by Health Departments, who in fact employ teachers and helpers for the purpose. It seems wrong to me to create this division in education, and I am gratified to report that the Education Committee has consented to the building of a Centre in the grounds of its Longford Special School for E.S.N. children, to be administered by the Headmaster there, where these children will receive their simple education. Administratively it is essential for the Health Committee to build and maintain this Centre, but I am hoping that in time it will come to be regarded as part of the special school itself. The scheme has difficulties, and it will only be possible to make a success of it through the great help of the Education Department, particularly the Headmaster of Longford School, and of Dr. Baker.

Mrs. Gentle, our Speech Therapist, whose final report I include, resigned at the end of the year, and it is pleasing to add that subsequently I received a letter saying that she had had her baby. Unfortunately we have been unsuccessful in obtaining another Speech Therapist as yet.

I would again call attention to the report of the Principal School Dental Officer. Mr. Wilson's enthusiasm for preventative work is well known, and he has been congratulated both by officers of the Ministry and by the City Education Committee on his work.

It is a pleasure to thank the Education Officer and his staff for the ready co-operation that is forthcoming in all our work, and the friendly relations that exist.

I am particularly indebted to Drs. Baker and Hansen who carry nearly all the work of the School Health Services; and also to all Head Teachers for the interest they show in the work, the inconvenience caused to their school routine at times, and to their help which is always forthcoming.

In conclusion I wish to thank you and your Education Committee for the consideration they have always shown to me.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient Servant,

Charles Cookson.

Principal School Medical Officer.

STATISTICS

Population of Gloucester 68,620

School Population 12,916

Distribution of School Population

	<u>No. of Schools</u>	<u>No. on Rolls</u>
Primary Schools	33	7,066
Secondary Schools	13	5,537
Special Schools	3	313

MEDICAL INSPECTIONS

Details of Special Inspections and Re-Inspections will be found in Tables which follow:

Examination of children for:

Fitness for employment 228

Ascertainment and educational subnormality 75

Examination of candidates for:

Teachers' Training Colleges 32

MASS RADIOGRAPHY SERVICE

Details of children examined during the year by Mass Miniature Radiography are as follows:

	Male	Female	Total
Miniature Films	49	53	102
Large Films:			
Total recalled	-	1	1
Did not attend	-	-	-
Normal	-	1	1
Significant	-	-	-
Being investigated	-	-	-

B.C.G. VACCINATION

School Children Scheme (Circulars 22/53 and 7/59)

No. skin tested ..	...	...	...	...	...	1,766
No. found positive	...	...	...	...	...	253
No. found negative	...	...	...	...	...	1,490
No. vaccinated ...	...	...	...	...	...	1,428

Students Attending Further Education Establishments (Circular 7/59)

No. skin tested ..	...	...	...	...	...	3
No. found positive	...	...	...	...	...	-
No. found negative	...	...	...	...	...	3
No. vaccinated ...	...	...	...	...	...	3

HANDICAPPED CHILDREN

Archdeacon and Longford Schools. These are Special Schools for educationally subnormal children. Archdeacon has 90 places, of which 76 are occupied by City children, and Longford 137, of which 75 are from the City.

Oak Bank School. Total attendance at the end of 1960 was 86, of whom 9 were from outside the City. The City cases are as follows:

Delicate ...	...	...	...	...	31
Physically handicapped ...	...	...	...	...	37
Maladjusted ...	...	...	...	...	7
Partially sighted .	...	...	...	...	1
Partially deaf ...	...	...	...	...	1

There were 25 admissions during the year.

This school could in fact accommodate a few more pupils, but owing to the heavy nature of the work, 88 is the maximum practical number.

Home Teaching. Two children received home tuition because of their inability to attend any school. The causes of their disability were:

Psychopathic illness ...	...	...	...	1
Muscular Distrophy ...	...	...	...	1

Home teaching continued also through the year in the Children's Wards of the Gloucestershire Royal Hospital.

In addition to the foregoing there must be added handicapped children who attend Residential Schools outside the City.

Schools for the deaf and partially deaf	5
Schools for the blind and partially blind ...	2
Delicate children	1
Educationally subnormal	17
Physically handicapped	2
Maladjusted	10

REPORT BY MRS. V. C. GENTLE, SPEECH THERAPIST

The longer a child has a speech impediment which interferes with his everyday conversations, the more the child becomes the centre of ridicule, resulting in much unhappiness.

Anyone who hears of any child "with something wrong with his speech" should tell the parents that the Speech Therapist can give some suggestions as to the easiest and nicest way to help the child, and could suggest that the parents contact the Health Visitor, or if at School, the Head Teacher or Class Teacher.

Many pre-school children have come to my notice, and although they are too young for regular therapy, I am always willing to show the parents how they can help their child in a natural and easy way to assimilate the correct speech sounds. This early advice often saves much distress later on.

If a child under six years is stammering, on no account should the parents, friends or relations correct the child, or tell him to stop and start again. This only aggravates the speech trouble. The best way parents can help such a child is to ignore the stammer. Any suggestion of pulling up such a child, or of turning one's back will only make it worse. There are many children who go through a phase of stammering and if it is "not noticed" they will be speaking perfectly after a few months.

When the children are coming for regular treatment, over and over again it is found that if the parents take the trouble to carry out the

Therapist's instructions of a little bit of regular practice, rather than last minute work in the waiting room, their child would make rapid progress in speech, thus saving them coming to the Clinic so many times.

Again this year the value of seeing some children twice a week has been proved, and has been particularly useful where the parents seem unwilling to help the child at home. One wishes it were possible to see every child more than once, but as there are so many children needing help with their speech, this is impracticable.

The monthly visits of Dr. Hansen to the Speech Therapy Clinic have been most helpful and as a result there have been fewer delays in children receiving some specialist advice.

Weekly visits to Archdeacon E.S.N. School have been continued, and I have always found the Head and the Staff there most co-operative. The Head Teachers of the other schools have been most helpful too and have gone to a lot of trouble to answer queries about any children, and to refer new cases.

As this is my last year as Speech Therapist for Gloucester, I would like to say a special word of thanks to Dr. Cookson, who has never failed to show interest in the work of the Speech Therapist, and from whom I have received much help and support.

Number of children treated during the year	...	...	210
Number discharged	...	...	94
Number of treatments	...	...	2,235
Of those treated, the following defects were noted:			
Stammer	...	...	50
Dyslalia	...	...	99
Sigmatism ('S' defect)	...	...	45
Cleft Palate	...	...	11
Vocal disorder	...	...	5
Number of visits to Primary and Secondary Schools	...	6	
Number of visits to Special Schools	...	...	39
Visits to Other Clinics	...	...	3

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS

Table A - Periodic Medical Inspections

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
1956 and later	80	80	-
1955	572	568	4
1954	402	399	3
1953	112	112	-
1952	156	156	-
1951	174	173	1
1950	225	223	2
1949	122	122	-
1948	32	32	-
1947	-	-	-
1946	591	590	1
1945 and earlier	397	397	-
TOTAL	2,863	2,852	11

Table B - Pupils Found to Require Treatment at Periodic Medical
Inspections (excluding Dental Disease and Infestation with Vermin)

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint)	For Any of the Other Conditions Reported in Part II	Total Individual Pupils
1956 and later	3	13	16
1955	8	61	69
1954	6	47	53
1953	4	27	31
1952	12	50	62
1951	6	33	39
1950	11	56	67
1949	5	31	36
1948	2	6	8
1947	-	-	-
1946	22	27	49
1945 and earlier	12	24	36
TOTAL	91	375	466

Table C - Other Inspections

Number of Special Inspections ...	...	...	...	198
Number of Re-Inspections ...	...	...	...	2,620
Total ...	...	...	...	2,818

Table D - Infestation with Vermin

Total number of examinations in schools by school nurse or other authorised persons ...	...	27,146
Total number of individual pupils found to be infested		750
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)		Nil
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)		Nil

PART II - RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Table A - Periodic Inspections

Disease or Defect	Periodic Inspections						Total	
	Entrants		Leavers		Others		Req. Treat.	Req. Obsv.
	Req. Treat.	Req. Obsv.	Req. Treat.	Req. Obsv.	Req. Treat.	Req. Obsv.		
Skin	3	24	2	18	5	18	10	60
Eyes - Vision	18	40	34	141	37	33	89	214
Squint	5	6	-	1	1	7	6	14
Other	-	3	-	1	3	4	3	8
Ears - Hearing	18	25	4	7	11	14	33	46
Otitis Media	1	9	-	4	-	2	1	15
Other	-	1	-	1	-	2	-	4
Nose and Throat	18	132	5	12	25	35	48	179
Speech	4	16	2	2	3	11	9	29
Lymphatic Glands	5	40	1	2	1	6	7	48
Heart	2	44	2	25	-	13	4	82
Lungs	16	50	2	14	15	28	33	92
Developmental:								
Hernia	4	28	2	4	3	3	9	35
Other	3	90	4	7	6	16	13	113
Orthopaedic:								
Posture	8	51	3	16	4	7	15	74
Feet	7	65	2	26	9	20	18	111
Other	3	18	1	6	3	4	7	28
Nervous System:								
Epilepsy	-	4	-	1	-	4	-	9
Other	-	-	-	-	-	-	-	-
Psychological:								
Development	-	5	2	-	15	14	17	19
Stability	7	27	-	4	16	18	23	49
Abdomen	-	1	-	-	1	1	1	2
Other	39	70	28	35	51	92	118	197

Table B - Special Inspections

Disease or Defect	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin	5	68
Eyes - Vision	168	737
Squint	9	46
Other	4	12
Ears - Hearing	30	69
Otitis Media	1	10
Other	1	10
Nose and Throat	48	161
Speech	27	58
Lymphatic Glands	3	54
Heart	2	58
Lungs	9	164
Developmental - Hernia	17	57
Other	10	46
Orthopaedic - Posture	4	54
Feet	17	113
Other	3	18
Nervous System - Epilepsy	-	29
Other	-	-
Psychological - Development	25	25
Stability	28	35
Abdomen	1	3
Other	50	244

PART III - TREATMENT OF PUPILS

Table A - Eye Diseases, Defective Vision and Squint

	<u>Number of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	41
Errors of refraction (including squint)	105
Total	<u>146</u>
Number of pupils for whom spectacles were prescribed	78

Table B - Diseases and Defects of Ear, Nose and Throat

	<u>Number of cases known to have been dealt with</u>
Received operative treatment:	
(a) for diseases of the ear	47
(b) for adenoids and chronic tonsillitis	388
(c) for other nose and throat conditions	103
Received other forms of treatment	42
	<u>580</u>
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1960	3
(b) in previous years	15

Table C - Orthopaedic and Postural Defects

	<u>Number of cases known to have been dealt with</u>
Pupils treated at clinics or out-patients departments	3
Pupils treated at school for postural defects	43
	<u>46</u>

Table D - Diseases of the Skin

(excluding uncleanliness, for which see Table D of Part I)

	<u>Number of cases known to have been dealt with</u>
Ringworm (a) Scalp	-
(b) Body	4
Scabies	-
Impetigo	10
Other skin diseases	79
	<u>93</u>

Table E - Child Guidance Treatment

	<u>Number of cases known to have been treated</u>
Pupils treated at Child Guidance Clinics	55

Table F - Speech Therapy

	<u>Number of cases known to have been treated</u>
Pupils treated by Speech Therapists	210

Table G - Other Treatments Given

	<u>Number of cases known to have been dealt with</u>
Pupils with minor ailments	1,103
Pupils who received convalescent treatment under School Health Service arrangements	12
Pupils who received B.C.G. Vaccination	1,455
Other - Appendix	15
Accidents	30
Burns	3
Hernia	8
Diabetes	3
TOTAL	<u>2,629</u>

PART IV - DENTAL TREATMENT

Report by Mr. J. P. Wilson, Principal School Dental Officer

It is always encouraging to be able to report progress, and especially in such a barren field as school dentistry. To do so in 1960 is the more remarkable as fewer sessions were done by part-time officers, 36 less altogether. Mr. T. H. Smith left at the end of 1959 and was not replaced until August, 1960 by Mr. N. Tibbitts. Mr. R. G. Boodle was unable to help for five months, owing to ill-health, and considered resigning. He eventually decided to do one session instead of two per week, and so maintained his record of faithful service since 1936. The other part-time officers, Mr. M. J. Bartlett and Mr. J. R. Cond, both did extra sessions to help bridge the gap. In addition Dr. L. V. Martin, Consultant Anaesthetist at Gloucester Royal Hospital, commenced a weekly anaesthetic session in March.

In August the department moved from the Lawns, Brunswick Road to Ivy House, Barton Street. Ivy House was used by a firm of dental practitioners for many years and was ideal for adaption as a dental clinic. There are now three conservation surgeries, an anaesthetics room, a recovery room, two waiting rooms and two staff rooms. A considerable amount of new equipment was installed, but some of the existing equipment was renovated and compares favourably with the new. A pleasant garden adds to the attractiveness of this new clinic, and it is hoped that it will be possible soon to provide a few simple games for children waiting.

The table required by the Ministry of Education is appended and the figures it contains compare favourably with any previous ones. However, before interpreting these statistics it may be of help to supply some of the historical background in relation to prevention.

In the 1959 report dental health education was dealt with at some length, and it is pleasing to note that steady progress has been made in this sphere. The film "A Tooth in Time" is still in good use; the sale of toothbrushes continues at the clinic, schools and Infant Welfare Centres; posters and leaflets are widely distributed; four schools sell apples and carrots; and the "apple after school meals" experiment is being conducted at two schools. A reduction in the consumption of sugar, particularly between meals, and an improvement in oral hygiene has been achieved by these means. There is little doubt that caries can be prevented to a large extent by the elimination of our so-called "civilised diet", but complete success is very doubtful owing to the attractiveness and cheapness of modern refined foods, and pressure salesmanship aided by television. In these circumstances a more practical and dependable procedure for the control of dental disease would be the fluoridation of the water supply. In the few paragraphs that follow an attempt has been made to summarise the happenings of the last sixty years.

In 1901 Fred McKay, a year out of the University of Pennsylvania Dental School, noticed that his patients in Colorado Springs showed signs of permanently stained teeth. After practising for three years in St. Louis, where he never saw a single case of "Colorado Stain", he returned to the Springs. The frequency of the stain at Colorado Springs continued to interest him, but others were slow to take notice. He did manage to enlist the help of

Dr. G. V. Black, Dean of the Northwestern University Dental School in Chicago, and gradually reports came in from other areas in the country where mottled teeth were common. Tedious research failed to locate the cause of this phenomenon, although almost from the beginning local residents had told McKay that "something in the water" caused it. In 1916 an article by Dr. E. O. Martin, a Britton, South Dakota, dentist revealed an important fact. In 1898 Britton had changed its water supply from individual shallow wells to a deep-drilled artesian well, and all who had passed through childhood prior to the changing of the water supply had normal teeth, while those who had grown up in Britton since 1898 had mottled teeth.

The first result of Dr. McKay's persistence was the amazing decision in 1925 of the little town of Oakley in Idaho to change its water supply to get rid of mottled teeth. By now however it was beginning to be observed that mottled enamel usually showed a "singular absence of decay", even under faulty hygiene. On 20th January, 1931, H. V. Churchill, a chemist, informed McKay that he had discovered a high fluorine content in the water of Bauxite, Arkansas, where a new water supply of 1909 had caused mottling of children's teeth. Almost simultaneously, a husband and wife, Mr. H. V. Smith and Dr. Margaret Smith, both of Arizona University, published findings of an experiment conducted on rats. H. V. Smith was an agricultural chemist and his wife head of the department of human nutrition. On 2nd May, 1931, Margaret Smith told the Tucson Dental Association that two months before she and her colleagues had reproduced mottling in rats by feeding them fluorides.

Dr. Trendley Dean of San Francisco now comes into the picture, and as the result of his work the discoveries of Churchill and the Smiths were verified, and by 1936 it was established that mottling did not occur until over one part per million (1.p.p.m.) of fluorides were present. Only very mild mottling occurred at 2 p.p.m. T. Masaki, in Japan, and N. J. Ainsworth in England, and others, were now pointing out the smaller percentage of decayed teeth where there was mottling. The next step was obvious, and in 1939 Dr. Gerald J. Cox, biochemist of Mellon Institute in Pittsburgh, told a convention of waterworks men that to treat water with fluorides offered the "most practical means of approaching the goal of sound teeth for all children". There followed in 1945 experimental studies at Grand Rapids, Michigan, and at Newburgh. The water supply at these two places was to be treated with sodium fluoride to bring the level up to 1 p.p.m. In each case a comparable city was to be kept under observation as a control. Other studies followed quickly at Brantford, Ontario; Sheboygan, Wisconsin; and Marshall, Texas.

Although it had been established that adults in communities drinking natural fluoride waters throughout life showed an improvement of 60 per cent fewer decayed, missing and filled teeth than those who had used fluoride-free water, it was necessary to instigate the above studies. Fluorides introduced artificially may not have had the same results as those naturally present in the water. Also the fluorine element belonged to the halogen group (Chlorine, Bromine and Iodine being the other members). Therefore every precaution was taken in these initial studies, and those undertaken since, to notice the effect of fluoridated water on health. It can be truly stated that no public health measure has been so thoroughly tested by competent scientists and research workers - 3,000 scientific publications have been made available in just over 20 years. The result of this extensive and prolific research is to show that the supplementing of the water supply with fluorides to the optimum level of 1 p.p.m. produces results comparable with those water supplies with a natural fluoride level of 1 p.p.m. and that no harmful effects will follow. The U.S. Public Health Service, the State Health Department, the American Medical Association, the American Dental Association, all endorse these findings, as does the World Health Organisation and many other health groups. Whilst Eire have passed a bill introducing the fluoridation of the water supply, a native caution has demanded further studies in Britain, at Kilmarnock, Anglesey and Watford, and have been in progress for approximately five years. In the United States there are 1,922 communities with a population of 37 million drinking fluoridated water, another 631 communities with a population of 7 million have a natural water supply containing fluorides in the correct proportion. Over a million people in Canada, including the cities of Winnipeg (population 409,000), Halifax (population 90,000) and Saskatoon (population 72,000) are now drinking mechanically fluoridated water. There are over forty areas in the province of Ontario alone which have natural fluorides in their water in excess of 1 p.p.m.

Until the results of the studies here have been made known, the dental health education programme must be intensified and full use must be made of

the new clinic. Despite a certain amount of chaos at the beginning of the Autumn Term, a record number of attendances by children were made, bringing the total for the year to 5,045, over 300 more than in 1959, itself a record year. The number of fillings increased from 1,610 to 1,850 and extractions fell from 5,868 to 4,773. More second teeth were filled than extracted, reversing the position of the previous year. A new scheme for "school leavers" was introduced, 41 scholars from eleven schools attended during 24 evening sessions. This scheme is not intended for those who are already in regular attendance in general practice.

I count it a privilege to be the member of a team concerned with the health of the school child, and thank the responsible committees, the officials and the school staffs for their encouragement. I wish to thank also the team at the clinic, and the children and their parents for continued loyal support and co-operation.

Dental Inspection and Treatment carried out by the Authority

1.	Number of pupils inspected by the Authority's Dental Officers:	
	At periodic inspections	2,643
	As specials	1,177
		<u>3,820</u>
2.	Number found to require treatment	3,241
3.	Number offered treatment	2,939
4.	Number actually treated	2,407
5.	Number of attendances made by pupils for treatment (including those recorded at 11(h))	<u>5,045</u>
6.	Half days devoted to: Periodic School Inspection	19
	Treatment	<u>692</u>
	Total	<u>711</u>
7.	Fillings: Permanent teeth	1,847
	Temporary teeth	3
	Total	<u>1,850</u>
8.	Number of teeth filled: Permanent teeth	1,429
	Temporary teeth	3
	Total	<u>1,432</u>
9.	Extractions: Permanent teeth	1,137
	Temporary teeth	3,636
	Total	<u>4,773</u>
10.	Administration of general anaesthetics for extraction	<u>2,284</u>
11.	Orthodontics: (a) Cases commenced during the year	14
	(b) Cases brought forward from the previous year	4
	(c) Cases completed during the year	5
	(d) Cases discontinued during year	2
	(e) Pupils treated with appliances	18
	(f) Removable appliances fitted	19
	(g) Fixed appliances fitted	-
	(h) Total attendances	<u>141</u>
12.	Number of pupils supplied with artificial teeth	<u>28</u>
13.	Other operations - Permanent teeth	1,073
	Temporary teeth	<u>36</u>
		<u>1,109</u>

